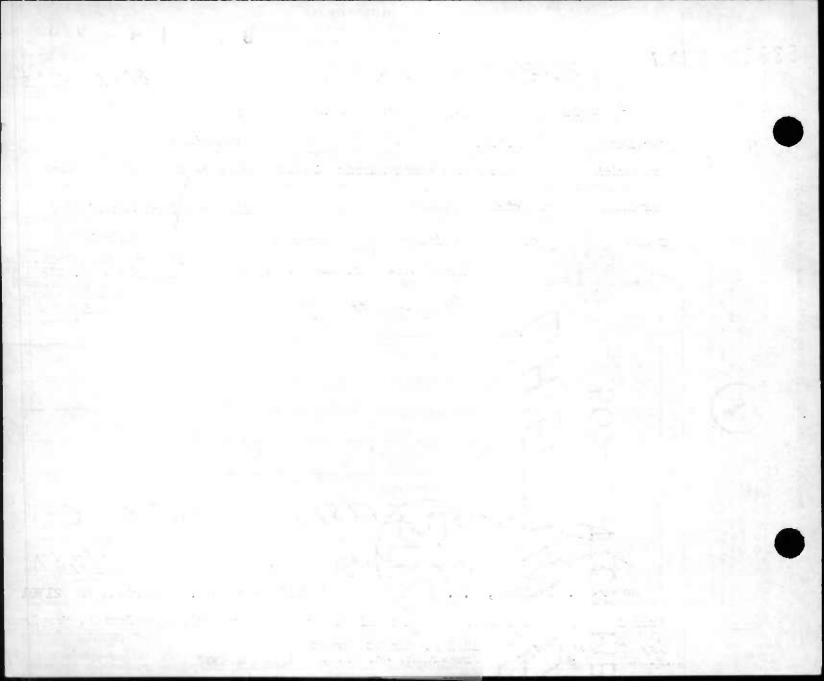
1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 REG. N	1 4 3 9 8
T. Y DO	CEASED NAME CHARI	OTTE ISABELL	ALBAUGH ALBAUGH	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 5 8 8 7 6 0 P.
3. SI	F _{emale}	4 RACE White	S. DATE OF BIRTH NOV. 11, 1911	6 AGE (IN YEARS LAST BH	RTHDAY) IF UNDER 1 YEAR IF UNDER 23 HRS. MONTHS DAYS HOURS MIN. YRS
4	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Enodonia	OR COUNTY OF DEATH
2 /	TITY OR TOWN OF DEATH Frederick		G HOME OR OTHER INSTITUTION ADDESS! Nursing Center	17a USUAL OCCUPAT	ION 126 KIND OF BUSINESS OR
E 13o.	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW PACE Freder.	ACK 13d INSIDE CITY LIMITS?	130 STREET ADDRESS 119 Broo	/ ZIP CODE klawn Apts./21701
	ATHER'S NAME FIRST	N. Shiple	15 MOTHER'S MAIDEN N FIRST Margaret	MIDDLE	Sherald
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU (F WAR OR DATES) 214-16-0		Albaugh	119 Brooklawn Apts. Frederick, Md. 21701
ent, me		nly one couse per line for (c), (b), one D BY:	digus Vend P P		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 110
CERTIFICATION	The DATE OF CHANGE			YES NO X	IN CERTIFYING CAUSES OF DEATH? YES NO
The same of the sa	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJU	URY IN ITEM 18 PART I OR PART ?)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	CITY OR TO	OWN COUNTY STATE
21 12 112	220 I certify that III (the hosp of obove, if two ideal did no	ital) attended the deceased from 19	nd that in (my) (our) apinion	n death occurred on the d	late and have and from the causes stated
н не	77% SIGNATURE	X. Kaylan		MEDICAL STA	OFF STORES
MPORTAN	Robert L. Ka	ufmann, M.D.	804 Toll	House Ave.	Frederick, MD 21701
23a	BURIAL, CREMATION, REMOVAL BURIAL		NAME OF CEMETERY OR CREMATORY Ount Olivet Cemete		ck, Frederick, Maryla
/83 Z	E. DAILEY & SON	1201 N. Frederic	Market Street 250 DA	AY 4 4 1007	256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MAY 27

	-	0	•		
TH	DAY	YEAR	2b	HOUR	-
-	23	87		130	0,
	1		100		

6		FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND M CERTIFICATE OF DI		7 REG. NO.	43	9 9
	TYPE	CEASED NAME FIRST OR PRINT) WALTER	Andrew	ALBAUF.	H	ATE OF DEATH MONT	23 87	26 HOUR
	3. SE)	M	₹ RACE	5. DATE OF BIRTH	VEAR 6. AGI	E (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS MIN
)		RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIED L NEVER M		TIMORE CITY <u>OR</u> CO Frederick		MD.
1		TY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) Frederick M		(TYPE	SUAL OCCUPATION OF WORK FOR MOST OF WOR aborer		OF BUSINESS OR
5	13U4 11a. S	AL RESIDENCE IF NURSING HOME OR 13b. COUN Md Fred	OTHER INSTITUTION GIVE RESIDENCE BEFO	WN 13d INSIDE CITYES [Y LIMITS? 13e.ST	REET ADDRESS / ZIP	CODE 217	757
Ž	14. F.A	George	"William 'Äl		MAIDEN NAME	WIDDIE	Hair	dley
		VAS DECEASED EVER IN U.S. ARI		URITY NO. 17 INFORMAN -2544 Carro		ADDRESS	.0026 Lon	778 igs Mill
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ DUE TO, OR AS A CONSEQ LC) DUE TO, OR AS A CONSEQ LC)	ashve 1	18ART	FAILURE	mo,	אדנית צוידני
200	MITION	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED			ON GIVEN IN PART 1:	
2	CERTIFICATION				YES	NO IN	CERTIFYING CAUSES YES	OF DEATH?
1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	TH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATIO		NTER NATURE OF INJURY IN IT	TEM 18 PART I ORPART 2) COUNTY	STATE
		22a I certify that (1)(this hospit saw the deceased dive an, above (1)(we) (file) (did not 22b. SIGNATURE	tal) attended the deceased from 19. 19 view the body after death.	DEGREE		occurred on the date or	nd hour and from the	
1		22d. PHYSICIAN'S NAME (TYPEO	HAN	27e ADDRESS	744	STAFF CTOR PHYSICIAN	FREDER	1ck, m
	23a. B	Burial, Cremation, Removal Burial	23b. DATE 23c 23c	NAME OF CEMETERY OR C	REMATORY 23d	LOCATION		

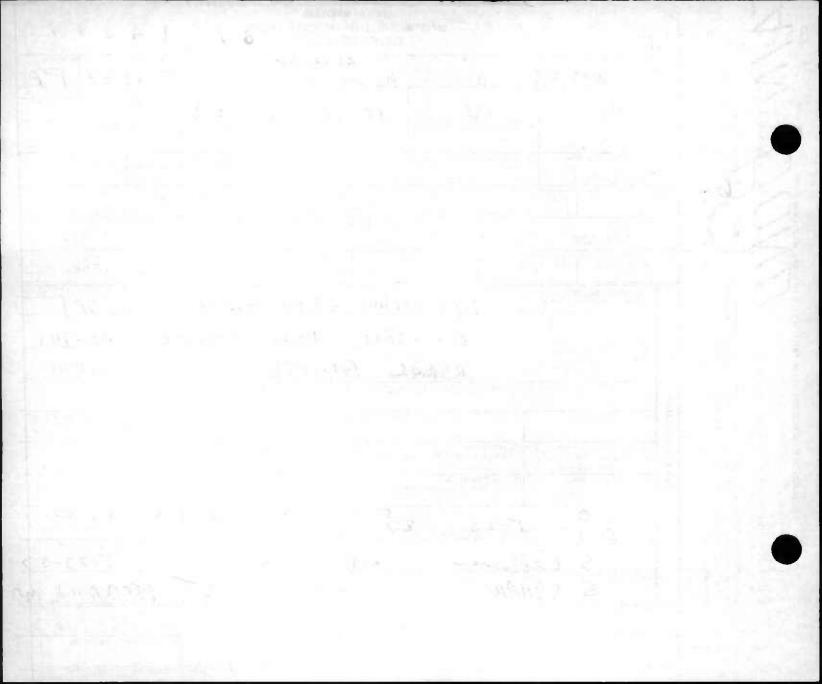
Woodsboro, Md

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hartzler

BP.



10	069	HAY	U	FOR STATE REGISTRAR				CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 / REG. NO		0 0
	age 3 death			CEASED NAME ORPRINT)	Nic!	nolas	NMN	BELL	AVIA	20. DATE OF DEATH May	12. 1987	26 HOUR 8:15 P.
	ge 4 may ector, pag rs ofter de		3. SE	Male		4. RACE Whi	te	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT		R IF UNDER 24 HRS
0	neral dir	0		RTHPLACE (STATE ORF COUNTRY) New York	OREIGN	371	what Country?	8	XX NEVER MARRIED		RCOUNTY OF DEATH erick County	y MD.
5	by the fulled with:	Conflied		TY OR TOWN OF DEA	TH :	11. NAME OF H	HOSPITAL, NURSING HEACHTY, GIVE STREET A	G HOME C	R OTHER INSTITUTION	170 USUAL OCCUPATION OF WORK FOR MOST O Auditor	F WORKING LIFE) INDUSTR	OF BUSINESS OR
AND 212	wild be	c must be	13a. S	aryland	13b. COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Frederi	٧ . ١	YES NO			21701
MARYL	ompletely and 2 she	examine		Jerome		MIDDLE	Bell		15. MOTHER'S MAIDEN NA/ Antoin	ette	Scat	AST 2
TIMORE	on ond c	medical		VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GIV	MED FORCES? E WAR OR DATES) -1955	166 SOCIAL SECUI		8411 Stone	s. Anita ^{ADDRE} House Rd.,	flavia Frederick,	Md. 21701
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	requires that the death certification of the offending plant is then please remove carbon problems.		NOIL	Conditions, if ony, gove rise to imm couse to , stotim underlying couse	which pediate g The last.	DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI (c) ONDITIONS CO		NCE OF	Wees hob	Avadar Inal disease or conf		
AL RECC	cion.	2 mosmo	CERTIFICATION	190 DATE OF OPERAT				OPERATIO	N WAS PERFORMED	YES NO	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES	NO [
DIVISION OF VIT	ottending physicistics the buriol-transit	or Item	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CCIF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY HAT WORK AT WORK	AUSE OF DEA AL EXAMINER ED	P.J	M. MONTH DA M.	19	211 LOCATION STREET	CITY OR TO		STATE
	retained by the haspital or TO FUNERAL DIRECTOR: A Should be deteched for use	MPORTANT: If frem 21 is mo		220.1 certify that (1) sow the decease above, (1) (we) id 22b. SIGNATURE 1	d olive on	view the thory	18 19		d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	ote and hour and from the	2170
	BP	M 7/84	24 Ft	SPECIFY) Cremation JNERAL DIRECTOR NAME 106 East Cl	Picko Smith	Reeney St., Fr	W87 St	miths rd Fu	emetery or crematory burg Cremator heral Homes Dati 21701			

Marie Williams 7071-4 Andrews untringed the Lynn Jerone State By James and and a sent area. The state of the s

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of director, page 3

STATE OF MARYLAND

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1	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND M		IENE 7	10.	4 4	Û	
5		CEASED NAME OR PRINTS	rlpe	A. RACE	ahn !	0	WLY		2a DATE OF DEATH	MONTH 5-	1-87	36 HOL	23 A
	3. SE.	m		w non				1908	6 AGE IN YEARS LAST BIRTHDAY		MONTHS DAYS	HOURS	MIN.
5		IRTHPLACE (STATE OR F COUNTRY) MD	OREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	6. MARRIE WIDOWE	D NEVER MA	ARRIED D	9 BALTIMORE CITY FREDEI		TY OF DEATH		MD.
4	4	TREDERICK	тн	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET ERICK MEM	ADDRESSI			12a USUAL OCCUPA (TYPE OF WORK FOR MOST FARMER		IZE KIND (INDUSTRY		ESS OR
					136. CITY OR TOW FREDER	N		XOV	130.STREET ADDRESS			kd.,	2170
D	-	TAMES JAMES	EDW	MIDDLE IN	ROMERS		15 MOTHER'S A	RST	IONA		HAH	HAHN	
medico		WAS DECEASED EVER YES, NO OR UNKNOWN)		E WAR OR DATES	215-36-		Mary Ev		Sowers 110	RESS Fre 102 01	derick, d Annar	MD olis	Rd.
njury, or amer traumanc even	NO	Conditions, if any, gove rise to imm cause (o), statin underlying cause	which nediote g the lost.	DUE TO, C	OR AS A CONSEQUE	ENCE OF		O THE TERM	INAL DISEASE OR COI	NDITION GI		7762	\$
9	CERTIFICATION	190 DATE OF OPERATION 196 CON			IDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO				TH?
Jem 18 s	MEDICAL CE	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF OE	ATH HOUR A		AY YEAR	216 HOW INJU		RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART 1 OR PART 2)		
arked a	MEC	AT WORK AT WOR	-0	- {AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET		CITYORT	OWN	COUNTY		STATE
T; If Hem 21 is m		22s.1 certify that (I saw the decease above (Ip/well) 22s. SIGNATURE	Dales on	41.	dy after death. DEGREE				deoth occurred on the				
IMPORTANT	73n s	ROBERT L	. KAI	JFMANN	122.	NAME OF C	22e ADDRESS	ollhou	ise Ave., F		ick, MD		
		(SPECIFY)		TOO. DAIL	23()		LINETENT OR CR	E-MAIORI	CITY OF TOWN		COUNTY		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

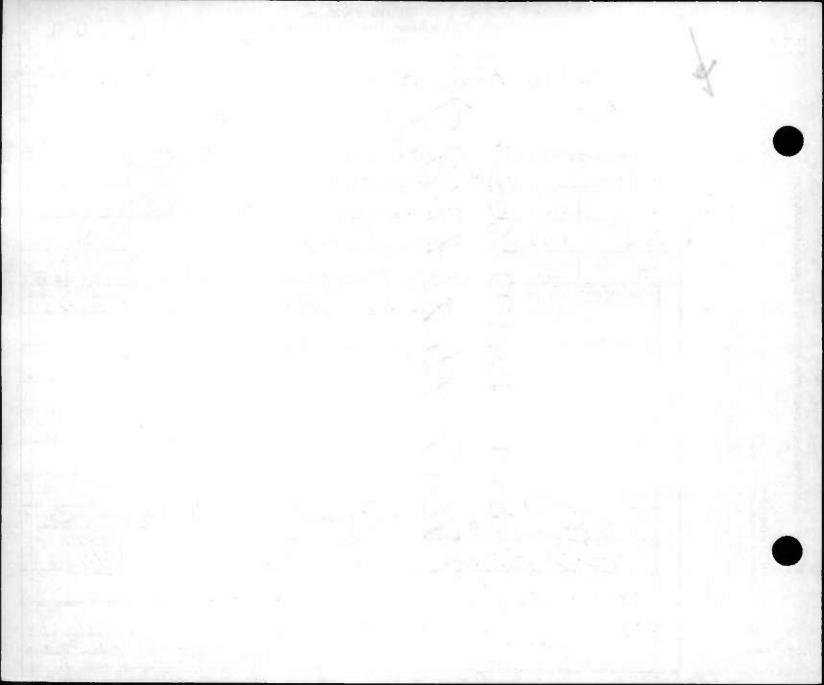
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complex should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages Land with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BURIAL 5/4/87 Mt. Olivet Cemetery

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE MAY 1 3 1987 Julia Davidon Rodaes

74 FUNERAL DIRECTOR G. DOUGLAS STAUFFER ADDRESS 1621 Opossumtown Pike, Frederick, MD 21701



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE T STATE DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) MARSHALL EST! BRANDENBURG 0300 DEATH MATED IF UNDER 1 YR. DATE LAST BIRTHDAY) PRONOUNCED 0800 65 YRS 21 DEAD Th CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNT Md. U.S.A. Frederick DIVORCED 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK COLLEGE TUPES Freder 1ck Memorial Mospita Frederick LAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATMd. 13d INSIDE CITY LIMITS 2 1325 EP 2AD One bec School Rd. 13c M1 87d9 We town 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Brandenburg George Fannie Wise 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 217-18-8278 Kathleen Brandenburg Middletown, M 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL MENTAL HYGIENE, I BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ARDIO pulmonary IMMEDIATE CAUSE (o Conditions, if any, which SANGUINATION gave rise to immediate cause (a) stating the underlying cause last BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART D AS A CERTIFICATION QESO! 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? AUTOPSY? CATE, WRITING THE WO FORWARDED TO THE OR: PAGE 3 SHOULD BE THE STATE DEPARTMENTO, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 71c. HOW INJURY OCCURRED JENIER NATURE OF INJURY IN ITEM IS PART LOS PART HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY FARM FTC CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER PEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural couses death resulted from Accident Suicide Homicide . Undetermined manner RRR ROBERTS The Street Frederick Md EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery Myersville Fred. 24. FUNERAL DIRECTOR **DHMH - 17** Middletown, Md. Funeral Home (VR A15 ME (5))

Institute and the second of th No. The St. Date of the Court o Cay-10-100 X stminews I transer love 10 voleton.

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Thrapeon regreef or the second to

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funeral director, page 3 thin 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. N	NO.				

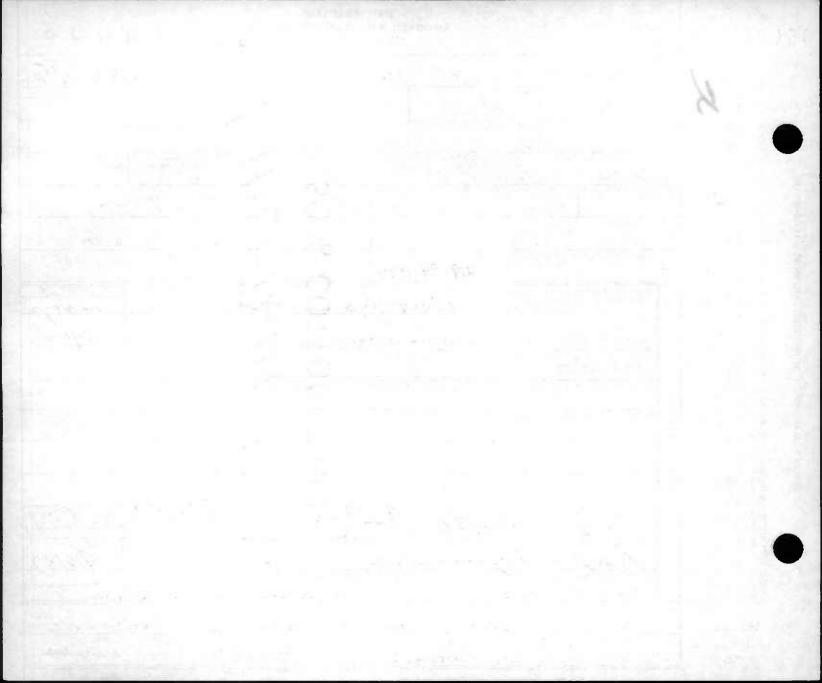
-	2	REGISTRAR				CEKITE	ICATE OF	DEATH	REG. I	10		
7			RST	٨	NIDDLE	· ·	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
П	LIAME	ORPRINT) WAD	E	So	oft.	Bus	um			5/1	6/87	11/50
	3 SE)				- //	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		m		w		11101111		1060	17		MONTHS BATS	HOURS MIN
1	7a BII	RTHPLACE STATE OR FOREI	GN 7b C	ITIZEN OF V	WHAT COUN'		20				YOFDEATH	
2	C	COUNTRY)	4		THAT COURT	MARRIE					TOT BEATT	
	PA	TY OR TOWN OF DEATH			IOSPITAL NI						Tipe MINID (MD.
7	1	REDERICK	1 (IF NOT IN SUCH	FACILITY, GIVE S	TREET ADDRESS)						OF BUSINESS OR
	13a. S						1134 INISIDE	COTIANI I VII	12. STREET ADDRESS	/ 7IP COD	c	
1	MI						YES X	NO 🗌				
	IA FA	THER'S NAME	111	-			15 MOTHER		ME			
(EI	OWARD				_	RE.					
H				FORCES?						RESSTANO		
	NC			OR DATES)	210-9	4-1944	Doboo	V				וט
-	IVC						керес	ca brow	n 1 Kin	gs Cou		With Mark Wall
		PART I. DEATH WAS	nter only one CAUSED BY:	e couse per	line for (g), (b	n ond (c).	1	1 24	1.		BETWEEN	ONSET AND DEATH
		IMA	AEDIATE CA	USE (0)	111	yeo y	y cenu	N	ama		100	1 Mays
		Marie Const		DUE TO, OR	AS A CONSI	EQUENCE OF	. 114				2	24.
		Conditions, if any, wh		(b)	de	elsely 1	nellila	2			0	years,
	1	couse (o), stoting	the 1	DUE TO, OR	AS A CONSI	EOUENCE OF						
4		underlying couse le	357.	(c)								
		PART 2. OTHER SIGNIFIC	CANT COND	ITIONS <u>CC</u>	NTRIBUTING	TO DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART I	a
	ō						921.3			133,16		
1	CERTIFICATION	198 DATE OF OPERATION	1	196. CONDI	TION FOR WI	HICH OPERATIO	N WAS PERF	RMED	20a AUTOPSY?			
	E.								YES NO			NO [
,	CE	210. ACCIDENT WAS UNDERLY				DAY VEAR	21c. HOW II	JURY OCCURR	RED (ENTER NATURE OF IN	URY IN ITEM TO	PART I OR PART 2)	
			OFDEATH									
	MEDICAL	21d. INJURY OCCURRED	2	le. PLACE C	OF INJURY						200	
	W	WHILE NOT WHILE		AT HOME STRE	ET, FACTORY, OF	FICE, FARM ETC)	STREE		CITY OR I	OWN	COUNTY	STATE
		775	hornitall	ttondad the	decorred fo	an di	186	10	5//	118	710	4 (2) (-) (-)
				5/16	187		nd that a (my	Jour) opinion	denth occurred on the	late and ha	u and ham the	could stated
				v the body	lter death.)	and the second of the second o	2010 0110 1101		
		12	1	fand	/	()		ATTENDING &	MEDICAL ST.	AFF	ZZC. DATE	SIGNED .
4		and provered and successive	916	100	-Seal-py-1	1/2.			DIRECTOR PHYS	CIAN	>/	16/87
				0			ZZE ADDRE	55			-	-
		ROBERT L.	KAUFMA	NN			804	Collhou:	se Ave., F	cederi	ck, MD	
	23a B	URIAL, CREMATION, REM	OVAL 231	DATE.		23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
	(CREMATION					en Mem	Garden		ck F		
	24 FU	INERAL DIRECTOR G.	S. DATE OF BIRTH DOV VERY 1.0 20 1969 1.0 1969 1.0 20 1969 1.0 20 1969 1.0 20 1969 1.0 20 1969 1.0 20 1969 1.0 20 1969 1.0 20 1969 1.0 20 1969 1.0 20 1.0 20 1.0 20 1.0 20 1.0 20 1.0 20 1.0 20 1.0 20 20 20 20 20 20 20		0 .							
		Labback			ADDK	655	21701	MA	Y 1 9 1987	Julia ,	Deorden	Cardalle

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remave corbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traum



1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEG.	YI III	REG.	NO.		-	U	-
	20 DATE		X	MONTH	DAY	YEAR	2h HOU
	DEATH	MATED		5-38	-87		
	2c. DATE			MONTH	DAY	YEAR	2d HOU
N	PRONOU	NCED		E 20	07		0.20

CHIY	PE OR PRINT)							OF ESTI-		757	Za noor
1		GEOR	GE	WILLARI;	CHAI	VEY	D	EATH MATED	5-28	-8719	1
1. SE	*		DATE OF BIRTH	YEAR LAST BIRTHDAY		II OI IDEI		DATE	HTMOM	DAY YEA	R 2d HOUI
	Male		12 2	20 66 YRS	, WOINING	DAYS HOURS	MIN PRO	NOUNCED DE AD	5-28	-8719	9:20
	IRTHPLACE OREIGN COUNTRY		CITIZEN OF WH	AT COUNTRY?	MAPPIED (NEVER MARR	UED .	ALTIMORE CITY			
	arylan		U.S.	Α.	WIDOWED (Frederick	c Cou	nty	ME
10. C	ITY OR TOWN			TAL, NURSING HOME,				OCCUPATION ITYP	E OF WORK	126 KIND OF E	BUSINESS
F	rederio	ck F	rederick	Memorial H	ospita	l	FOR MOST	OF WORKING LIFE)		OK INDUS	IKI
	AL RESIDENC	E (IF IN NURSING HOME OR O	HER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION		NSIDE CITY LIMITS?	113e STREET	ADDRESS			
	ryland	Frede	rick	Mt. Airy		S NOX		Old Nat:	ional	Pike/2	1771
	ATHER'S NAM				15 /	AOTHER'S MAID					
	Georg		IDDIE	Chaney		Miriam		MIDDLE		Hoffma	n
16a. '	WAS DECEAS	ED EVER IN U.S. ARMED		166. SOCIAL SECURITY	NO. 17 II	NFORMANT		ADDRESS	5	no z z mo	
	YES, NO, OR UNKN		,Korean	212-38-699	6	Jessie I). Chan	ey 1090	5 014	Nat P	ike
	IR CAUSE	OF DEATH (Enter only o						0, -0,0.	- 014		TE INTERVAL
	PARTIE	DEATH WAS CAUSED BY	Art	eriosclerot	ic car	diovascu	ılar di	sease		BETWEENON	SET AND DEATH
		IMMEDIATE C	AUSE (o)	AS A CONSEQUENCE O							
	Canditi	ons, if ony, which	DOE TO, OK	AS A CONSEQUENCE OF							
-4	gove	rise to immediate	(b)							-	
		a) stating the <u>under-</u> suse lost.	DUE TO, OR	AS A CONSEQUENCE OF	F						
	100		(c)								
-	PART 2 OTNER	SIGNIFICANT CONDITIONS CON	RIBUTING TO GEATN B	UT NOT RELATED TO THE TERMIN	NAL DISEASE OR CO	DNOITION GIVEN IN PA	ART 1 (a)				
ATION											
3	190. DATE C	FOPERATION	196 CONDIT	ION FOR WHICH OPERA	TION WAS PI	ERFORMED?				20 AUTOPS	Y?
CERTIFIC			134.7							YES 🛣	NO 🗆
	210 EXTERN	AL CAUSE WAS	HOUR A.M.	MONTH DAY YEAR	21c. HOW II	NJURY OCCURRE	ED (ENTER NATUR	RE OF INJURY IN ITEM 18	PART I OR PA	RT 2)	
EDICAL		TING CAUSE OF DEA		19	1 2						
Ö	21d. INJURY	OCCURRED	21e PLACE C	FINJURY (AT HOME,	211 LOCATIO	NC		9.5015			

NOT WHILE AT WORK AT WORK Autopsy 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion

death resulted frof Homicide Undetermined manner Assistant

DATE MEDICAL EXAMINER

EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS. (TYPE OR PRINT) 73c NAME OF CEMETERY OR CREMATORY 23a. 8URIAL, CREMATION, REMOVAL

111 Penn Street

23d. LOCATION

Smithsburg Washington

DHMH - 17 (VR A15 ME (5))

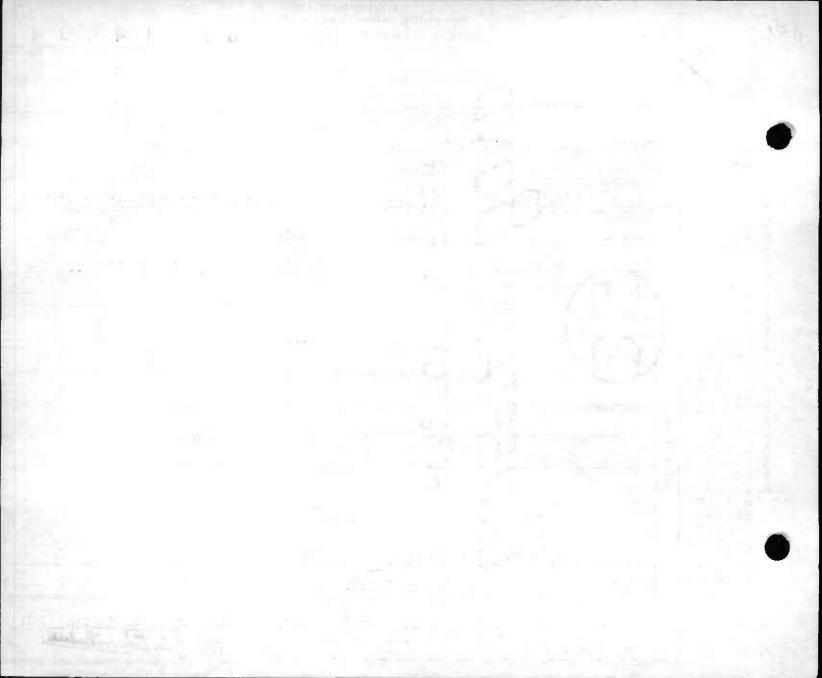
BP

07/84

25M

Cremation 5/29/87 Smithsburg Crematory 1201 North Market Dailey & Son, PA Frederick, Md.

Md.



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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nay	- 4	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /REG. NO	o. 4	4 4	0 5
		CEASED NAME FH	RST	WIDDLE	l.	AST		MONTH DAY	YEAR	The HOURS
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ath		underlying cause la	ost	(c)						
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Dr. L. T. Davis MD P.A.

230. BURIAL, CREMATION, REMOVE THE DATE 73c. N

276 SIGNATURE

801 Toll House Ave., Fred. Md. 2170

22c DAT

and that in (my) (opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF

236. BURIAL, CREMATION, RENOV.

237. NAME OF CEMETERY OR CREMATORY

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ATTENDING PHYSICIAN

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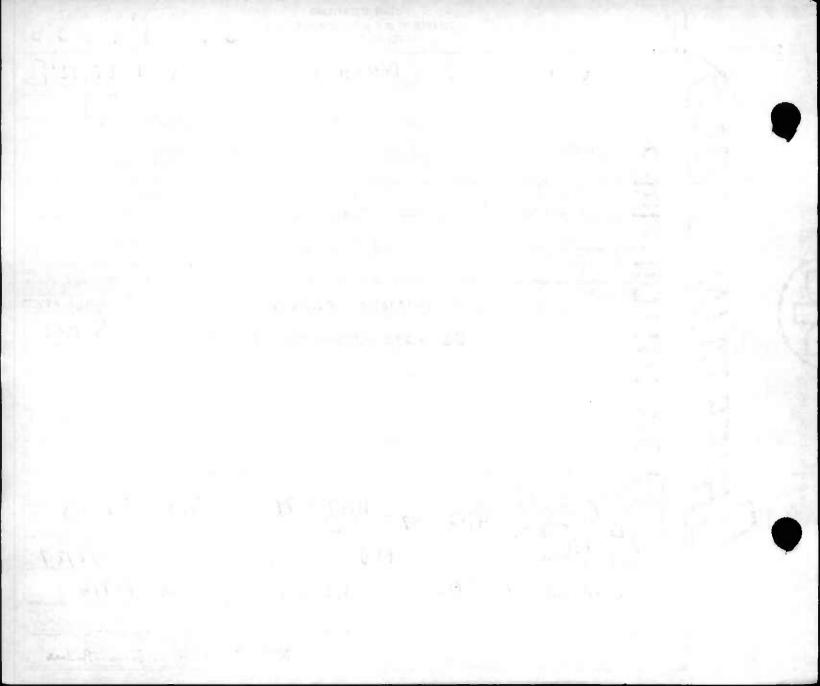
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centricate be executed within 24 hours offer death. Page retained by the hospital or attending physician.

STATE OF MARYLAND

	FOR STATE REGISTRAR			DEPARTA		FICATE OF DEATH	SIENE 8 REG. N	o.	4 4 (
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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	3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIT		or the contract of the contrac	UNDER 74 HRS.
		Female	Whit		_	ch 25, 1890	97	YRS		
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5	13a. S	100 000		136. CITY OR TOW Walkers	/N	136. INSIDE CITY LIMITS?	13e STREET ADDRESS 33 Map 1	ZIP CODE	ie 2179	3
2 3	-	THER'S NAME				15 MOTHER'S MAIDEN NA	ME			
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ZT. If Hem		226. SIGNATURE	Stones	di	WD		MEDICAL STA	FF CIAN []	22c. DATE SIG	187
1		226. PHYSICIAN'S NAME (TYPE	ORPRINT)	NER, JA		19 FREDER	ICIC ST. W	ALICE	ASU ILLA	= ,M1
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DHMH - 16 60M 7/84 (VRA 15, 4)

Frederick, Frederick, Md.

Burial Color of Hay 13,1987 Resthaven Mem. Gardens Frederick, Frederick of Funeral Director of Smith, Keeney & Basford Funeral Home 250 DATE REC'D. BY REGISTRAP 256 BEGISTRAP SIGNATURE 106 East Church St., Frederick, Md. 21701 lia Turdor Portos

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requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

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DHMH - 16 60M 7/ (VRA 15, 4)

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1164	Fr	ederick		Fred	erick bem	ADDRESS)	Hospital		Electrici	F WORKING LIF	EL INDUSTRY	Gov.
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N 0/		Charles			onenburg.	Sr.	Ad	a	WIDDLE		Shaw	
P 80		AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	M:	rs. Theresa	SSP. G	rimes	11 12
Pog.		Yes	1939	-1945	214-10-4	761	117 Eas	t For	urth St., F	reder	ick. Md	. 21701
secio ippers vol.		18 CAUSE OF DEAT	H (Enter on	ly one cause pe	r line for (a), b) and	17c-	-	. /	1			MATE INTERVAL
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should be deta with the State		22d Parsy lates in	ex	C/80	n n		220 ADDRESS	I;	THAP	1	An	2
F 4° 3 ₹	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREM		23d LOCATION		COUNTY	CTAIE
		SPECIFY Burial	281	May 1			Olivet Ce					
- 16 60M 7/84				, Keene	y & Basto	rd Fu	neral Hom	DATE	REC'D BY REGISTRAR	251 REGIST	RAR'S SIGNAT	NRE .
RA 15, 4)	10	hast Chu	rch S	t., Fre	derick, M	d. 21	701	[A]	AY 25 1987	gulla .	Dandon-1	(

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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours offer

retained by the haspital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cashould be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical

72 hours effer death

deoth. Page 4 may be

STATE OF MARYLAND

PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. NO	4	ई य	0

87	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 8 7	. 14	4	0 9
	CEASED NAME FIRST BERN		ANCIS	Di	ICK. SR	20. DATE OF DEATH	MONTH DAY 5 15	87	26 HOUR 8417 A
	MALE		51AN	S. DATE C		6 AGE (IN YEARS LAST BIR	YRS		IF UNDER 74 HRS
Ot	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S		MARRIE WIDOWE	DIVORCED [Freder	ick		MD.
F	REDERICK AL RESIDENCE (IF NURSING HOME	FREDR	HOSPITAL, NUKSING	MOC.	DROTHER INSTITUTION	(TYPE OF WORK FOR MOST C Statisticial	F WORKING LIFE) IN	DUSTRY	Gov't.
130. Má	STATE 136 CO		Myersvil	1	13d. INSIDE CITY LIMITS? YES NO E	134.STREET ADDRESS A		d/21	773
W	FIRST	middle ertam	Duck 1166 SOCIAL SECUI	NO VIII	Luvina	MIDDLE	Gilli		r
	YES, NO OR UNKNOWN) IF YES, O	W II	273-03-9	789		1129 Easter lyersville,			MATE INTERVAL
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	270 I certify that (I) (this has sow the deceased of we above (I) we) (thick and				nd that in (our) opinion	death occurred on the d			
	The SIGNATURE	2.	4	M	THISICIAL	MEDICAL STA	FF	27c. DATE	SIGNED 87
	27d PHYSICIAN'S NAME (TYP	770	00 3 6 4				eren (4	56
Bu	BURIAL, CREMATION, REMOVA	23b. DATE 5-18-			ret Cemetery	Frederick			
1	cketts Funeral	Sicketti Home M	ADORESS versville	Mar		1 9 1987	a Mardas	Red	UKE

DHMH - 16 60M 7/84 (VRA 15, 4)

S ASAM MALE TO DEFEND SO PERSON AND as dispused in the contract to the

or removal

burial, crematian,

ather traumatic event,

à

CERTIFICATION

MEDICAL

054032 HM

DECEASED NAME (TYPE OR PRINT)

Maryland CITY OR TOWN OF DEATH

Female

Frederick

Maryland 4. FATHER'S NAME

James

NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT 130. STATE 13b. COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES

Canditions, if any, which

gave rise to immediate cause (a), stating the

18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:

musen

22d. PHYSICIAN'S NAME (TYPE OR PRINT):

230 BURIAL, CREMATION, REMOVAL

TO BIRTHPLACE (STATE OF FOREIGN

3. SEX

Ida

4. RACE

76 CITIZEN

11. NAME

Frederick

MIDDLE

(IF YES, GIVE WAR OR DATE:

IMMEDIATE CAUSE (a)

Dr. Gilcin F. Meadors, Jr., M.D.

23b. DATE

	DEPARTN	MENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 / REG. NO	o.	4 4	1 0	
M	J.	ESWOR'	ST VHY	May 9,	1987	DAY YEAR	3:15 P.	
RACE Whit	e	5. DATE O	1, 1894 YEAR	6. AGE (IN YEARS LAST BIR)	(HDAY) YRS	MONTHS DATS	IF UNDER 24 HRS	
U.	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MAR WIDOWED DIVOR			Frederick County,				
1. NAME OF H (IF NOT IN SUCH Meridia	IOSPITAL, NURSIN HEACILITY, GIVE STREET AN NURSIN	IG HOME O	r other institution ter	126 USUAL OCCUPATION UTYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET THOMEMAKET THOME				
	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Freder	N - 1	13d. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS North Av	zip cob enue,	21701		
Jack	cson		15. MOTHER'S MAIDEN NA/	WE		t AS	lolmes	
ED FORCES? WAR OR DATES)	212-05-0		Mror Shirley Meridian Nur		Nor	th Aver	nue Md. 217	
BY:	line far (a), (b), and		A-			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
	RAS A CONSEQUE CHROMIC	SAH	LE BOWER OB	STROATOR				
DUE TO, OF	R AS A CONSEQUE	ENCE OF						
ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONGI	VEN IN PART 1	a	
VANCED	SCH120 8	HREK	YIR WITH MENTA	HE DETERMORATE	ارماد	RIVARY.	INFECTIO.	
19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDII IFYING CAUSES ES		
21b. TIME O HOUR A./	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2}		
21a PLACE			216 LOCATION					

810 Toll House Ave., Frederick, Md. 21701

anderlying coose loss.	((c)			
PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN IN PART 110
CHEONIC PARADY	ANCED SCHIZO PHREA	YIR WITH MONTH	e DETERMENATE	GNI CRINARY IN FEED
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) \(\text{NO} \)
2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	216 LOCATION STREET	CITY OF FO	WN COUNTY STATE
saw the deceased alive an abave (1) (we) (did) (did not) v	1849 1587 19 ar	nd that in (my) (our) o pinian d		, 19 97, that (i) (we) lite and haur and fram the causes stated
22b. SIGNATURE		DEGREE		22c. DATE SIGNED
Bonuse	1. · ·	MO ATTENDING PHYSICIAN IN	MEDICAL STAF	IAN 5/11/87

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery Frederick, Frederick, Maryland BP. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Smith, Reeney and Basford Tuneral Home 106 East Church Street, Frederick, Md DHMH - 16 60M 7/84 Adia Scordson Pandas

(VRA 15, 4)

IMPORTANT: If He

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STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTA	HYGIENE
CE	RTIFICATI	OF DEATH	

EATH	8 / REG. N	10.	4	Sugar	11
	20 DATE OF DEATH	MONTH	DAY	/ YE AR	26 HOUR
4		5/	7	87	2350

1	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 8 / REG. No.	0.	4 4	1-1
	PE OR PRINT)	RST (Annie.	0	werthy	20 DATE OF DEATH	MONTH DA	7 / 87	26 HOUR 23 50
3. S	EX	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		FUNDER LYEAR	IF UNDER 24 HRS
	temale	wh		MONIT	13 07	80	YRS		HOURS MIN.
4	BIRTHPLACE (STATE OR FOREK COUNTRY) MD	USA	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	FREDERI		OF DEATH	M
4	FREDERICK	FREDERI	CK MEMORI	AL H	OR OTHER INSTITUTION OSPITAL	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIFE		126 KIND O INDUSTRY	F BUSINESS OR
) 13a.	MD F	COUNTY REDERICK	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN FREDERIC	4	13d. INSIDE CITY LIMITS? YES [X] NO [13e.STREET ADDRESS . 6914 Gree		Court,	21701
		LEE	HORTON		ANNIE	ELIZARET.		STATI	
1	WAS DECEASED EVER IN U (YES NO OR UNKNOWN) NO NO	YES, GIVE WAR OR DATES)	212-24-7		THEODORE R.	ESWORTHY	6914 G:		le Ct.
	Conditions, if any, wh gove rise to immedia couse (a), stating to underlying couse lo	oth othe the ost (c)	RAS A CONSEQUE Dia Bo RAS A CONSEQUE Hyper	nce of tem	mollitu				
CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19h CONDI 19h CONDI Acado 1NG 21h TIME OF	TION FOR WHICH O	operatione (NOT RELATED TO THE TERM N WAS PERFORMED Sout 1216. HOW INJURY OCCURR	200 AUTOPSY?	206. IF YES, IN CERTIFYI	WERE FINDIN ING CAUSES	IGS USED
MEDICAL	OR CONTRIBUTING CAUSE (IF EITHER NOTEY MEDICAL EX 714. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	Λ	19	211 LOCATION STREET	CITY OR 10	wn	COUNTY	STATE
			18 19 7		. 19_77 ad that in (my) (our) opinion o	deoth occurred on the do	ate and hour	and from the o	
,	27E SIGNATURE	17	the	1	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC		22c. DATE	SIGNED
	Charle:	2 RC	lark.	617	770 ADDRESS	the st	Frede	wick,	Din
230	BURIAL CREMATION REM	OVAL 236 DATE	22. N	AME OF C	EMETERY OF CREMATORY	1234 LOCATION			-

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

UNION CHAPEL CEMETERY

LIBERTYTOWN

FREDERICK MD

G. DOUGLAS STAUFFER 74 FUNERAL DIRECTOR G. DOUGLAS STAUFFER
1621 Opossumtown Pike, Frederick, MD 21701

1987

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



Smith, Keeney and Basford Funeral Home

Bast Church St., Frederick, Md. 21701

STATE OF MARYLAND

ATTENDING

23c NAME OF CEMETERY OR CREMATORY

Frederick Memorial Park

PHYSICIAN

2b HOUR 6:00 IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Frederick County, 126. KIND OF BUSINESS OR INDUS**CONTRACT** Truck Driver Hauling 9401 Boulder Rd Gertrude 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? 22c DATE SIGNED DIRECTOR | PHYSICIAN Frederick, Frederick, aulia Dandson-1

DHMH - 16 60M 7/B4

(VRA 15, 4)

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MPORTANT D

230. BURIAL, CREMATION, REMOVAL

Reserve the first transfer of the property of the party o A THE PARTY OF THE drawing the factor of the first trace of the first trace of the factor o thrung and the colden total the colden on Entrance of the colden to the purroull shows a talent ALL SE Metallies . The second . The second s Bill de Personne de Miller de la lace de lace de la lace de lace de lace de lace de la lace de la lace de la lace de la lace de lace de la lace de la lace de lace de lace de lace de la lace de la lace de la lace de la lace de lace de lace de lace de lace de la lace de lace de

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

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20 D	ATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	- 3
	Max	84,	190	87	7:	1.24
AC	E ABIVEAUCIACE	BIRTHOAN	IF LIND	EP I VEAD	IE LINIDER 3	4 300

	CEASED NAME	FIRST	,	AIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(TYPE	Floren	ce	Hu	mmeric	k.	Free	May &	24,1	987	7:120
3 SEX	(4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
FE	MALE		WHITE		0 ^{MONTH}	01 1892 YEAR	94	YRS.	INTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
MD	COUNTRY)		USA		WIDOWE		FREDERI	CK		MI
	TY OR TOWN OF DEA	ATH 11	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET A ICK MEMOR	ADDRESS)	OSPITAL	176 USUAL OCCUPAT 11YPE OF WORK FOR MOST OF BAKER			OF BUSINESS OR
	AL RESIDENCE (IF NURS TATE	136 COUNTY FREDEF	1	GIVE RESIDENCE BEFORE 13c. CITY OR TOW THURMONT		13d. INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS 7036 BLUE		DAD, 2	1788
	NGLETON	MIC	DDLE H	OUCK LAST	7	ANNIE	ME MODIE E.		LAS	,T
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ss THU	JRMONT	, MD
NO	(ES, NO OR UNKNOWN)	N/A	VAR OR DATES)	214-10-2	2558	ALTON BARE,	JR. 7036 B	LUE MT.	ROAD	,
	Conditions, if ony gove rise to improve (o), stofic underlying couse	/AS CAUSED IMMEDIATE , which mediate ing the	DUE TO, OI	R AS A CONSEQUE	NCE OF	ge Asser	st Accia	lent	19	Pay 1
CAL CERTIFICATION	PART 2 OTHER SIGN	TION DERLYING CAUSE OF DEATH	19b. CONDI	TESTIV TION FORWHICH FINJURY M. MONTH DA	OPERATION	NOT RELATED TO THE TERM	20 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OF TO	WN	COUNTY	STATE

22a.1 certify that (1) (this hospital) atterded

22e ADDRESS

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE

22d. PHYSICIAN

NOT WHILE

FOR STATE

REGISTRAR

DEGREE

PHYSICIAN MEDICAL STAFF

230 BURIAL, CREMATION, REMOVAL 23b. DATE

231. NAME OF COMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

STATE

BURIAL 5/28/87 MT. OLIVET CEMETERY G. DOUGLAS STAUFFER 1621 Opossumtown Pike, Frederick, MD 21701

FREDERICK

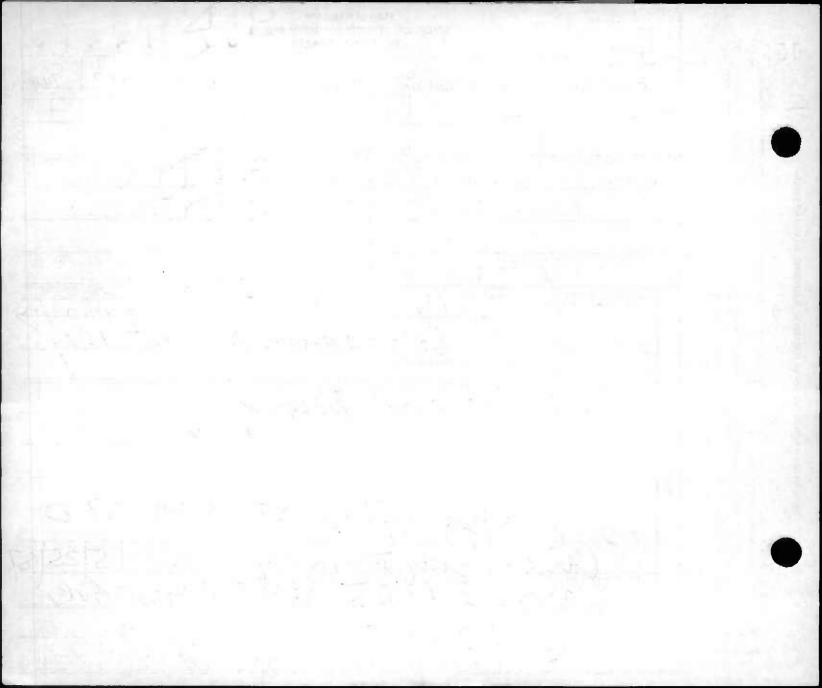
FREDERICK MD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

ould be detocked in the Stote Dept.

PORTANT, B



STATE OF MARTLAND	TE OF MARYLAND	MARYLAN	M	OF	TE	A	ST
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5747 JUN-	-018	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	4 4	1 4
		CEASED NAME FIRS	ST	MIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR :00 P.]
be oge 3	(TYP	E OR PRINT)	Frances	Naomi (Gilrov	,	May 29, 198		:00 P.
ge 4 moy ector. pog rs after d	3. SE		4 RACE	ite	5. DATE C	FBIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 88 YR	MONTHS BATS	IF UNDER 24 HRS
eoth Poe		IRTHPLACE (STATE OR FOREIG COUNTRY) Md.	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	PRACTIMORECITY OR COUNTY Frederick Co		MD
00 Je	0 0	Middletown	LIE NOT IN SI	HOSPITAL, NURSIN JCH FACILITY, GIVE STREET BOLIVAR RO	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN dietary		BUSINESS OR
24 hour	USU 130.		OME OR OTHER INSTITUTION COUNTY	N GIVE RESIDENCE BEFORE 1134. CITY OR TOW Middletow	N	13d INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS / ZIP CO 8132A Bolivar		
ed within 24	14. F	John Jacob	Shank	ŁAST		15. MOTHER'S MAIDEN NA FIRST Clara	WE	Harp	
ote be execut siction and ca spers. Pages val	160	WAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	216-74-79		17 INFORMANT Karen Gilroy	ADDRESS MIddletown	n, Md. 2	1769
hot the death certificate by the attending physici sisse remove corbon paper il, cremotion, or removal other troumatic event, th		18 CAUSE OF DEATH EN PART I. DEATH WAS C IMM Conditions, if ony, whi gove rise to immedia couse loi, stating t underlying couse lo	DUE TO, (te be DUE TO, (b) DUE TO, (DUE TO, (OR AS A CONSEQUE	ENCE DE	presis failure lin janul	ice from Ca	Feer Farrens	Lay
The Town requires to the State of the State	CERTIFICATION	PART 2 OTHER SIGNIFIC	etes !	ANTRIBUTING TO D	4	Despert		YES, WERE FINDING RTIFYING CAUSES YES TO THE TREE TREE TO THE TREE TO THE TREE TREE TO THE TREE TREE TREE TREE TREE TREE TREE	
SICIAN Ing Physic certificate world they be will be wi	WEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR	P.M. NH	AY YEAR	1	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
NG PHY office this os the to the and A	WED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTEND signal o CTOR of Florible al Heal		22a.1 certify that (I) (this sow the deceased of above, (I) (we) (did)	e on MAY	19_19_	87.01	d that in (my) (my) opinion	death occurred on the date and		
by the high the detaches depth the high		226 SIGNATURE	mm	12			MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE S	1-87
O HOSPITA Tribined by TO FUNED TO FUNED Hould be d		ABDUC	MAJEZ			FREDERIC	K, MD. Z	1701	
BP		BURIAL, CREMATION, REMO	June 2			n Cemetery	Middletown	Fred. Mc	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 8	Thompson Fu	neral H	one Mid	dlet	1789 Md 250 JU	NESD. BY BESISHRAR SSI REC	GISTRAR'S SIGNATU	IRE

RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TIMORE,	MARYL	AND 21	201	0			051
e low requires that the death certificate be n.	e e	1	pe ho	n other	deoth.	age 4 mc	may be	0
to been signed by the ottending physician permit. Then please remove carbon popers.	Par.			by the	hin 72 h	d ectar, page 3	age 3 death	10
we only injury, or ather traumotic event, the mi	and do	MI	63	100	92	-		JUN -
IFICATION	No.	Ch	13a. S Ma	1	En	Million	(TYPE	h (
Conditions, if any gove rise to im cause (a), stati underlying coust PART 2. OTHER SIG	VAS DECEASED EVER YES, NO OR UNKNOWN)	aristian	AL RESIDENCE (IF NUR STATE Iryland	rederick	igland	emale	CEASED NAME OR PRINT) HI	FOR STATE REGISTRAR

18 sh

marked or Item

MPORTANT:

MEDICAL

DEPAR

STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	7	REG. I	NO.	4	Ed.	i
HADERMANN			DEATH 4, 1	987	DAY	YEAR	^{2ь} 5

DECEASED NAME FIRST HILDA		ELSIE	HADERMANN	May 24, 1987			R P
SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	_
Female		Caucasian	Sept. 2, 1907	79 YRS.	ONTHS DAYS	HOURS	MI
BIRTHPLACE ISTATE OR F	OREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH Frederick,			
CITY OR TOWN OF DEA	ίΤΗ	11. NAME OF HOSPITAL, NURSING 1333 Taney Aven		126 USUAL OCCUPATION (USE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NONE			
3a. STATE	13P COR	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN PRICK Frederi	138 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1333 Taney Aven	ue/2170)1	

	Maryland	Frederick	Frederick	YES X NO	1333 Taney	Avenue/21701
1	Christian	MIDDLE	rumrein	15. MOTHER'S MAIDEN NA. Margaret	ME MIDDLE	Unknown
	NO WAS DECEASED EVEN	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 124-40-1811	Mr. Albert	ADDRES F. Hadermann	11600 Browninger 1110
	18 CAUSE OF DEA	TH (Enter only one couse per WAS CAUSED BY: IMMEDIATE CAUSE (0)	line for (a), (b), and (c).	Moracie Aon	Tir Avereys	APPROXIMATE INTERVAL
	Conditions, if any gove rise to improve (a), stati	mediote	RAS A CONSEQUENCE OF	enote Mac	slan Osla	se

INIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) lost

	PI WORK					
	saw the deceased alive on above, (I) (we) (did) (did nat)	2	1 may 1987	ond that in	(my) opinion death occurred on the date ar	nd have and from the causes stated
22h	SIGNATURE	71		DECREE		22. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 5-26,1987 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Joseph Ashwal, M.D.

Frederick.

4 West 7th St. Frederick, Md. 21701

	230 BURIAL, CREMATION, REMOVAL	73h DATE	23c NAME OF CEMETERY OR CREM	ATORY	23d LOCATION		
		5-26-1987	Smithsburg Crema	tory	Smithsburg,	Washington,	Md.
1	DATES SON	1201 N	Market Street		EC'D. BY REGISTRAR 756. REG	ISTRAR'S SIGNATURE	dall

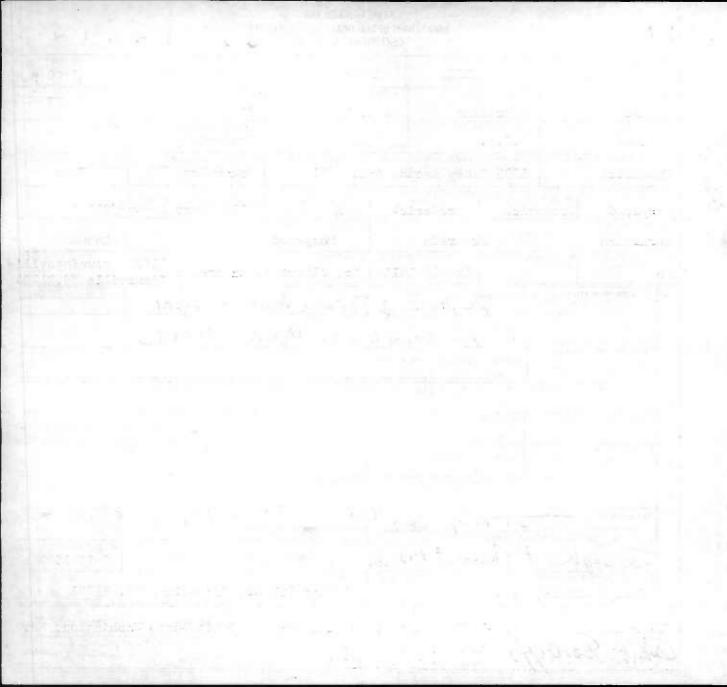
Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

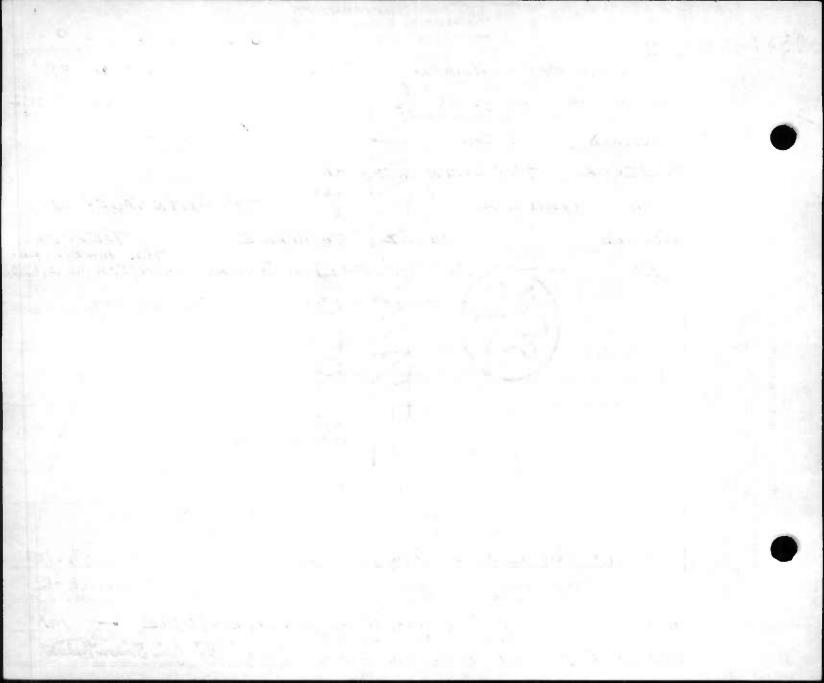
TO FUNERAL DIRECTOR: After this certificate should be detoched for use as the burial-tronsit with the Store Dept. of Health and Mental Hygis

etoined by the hospitol or

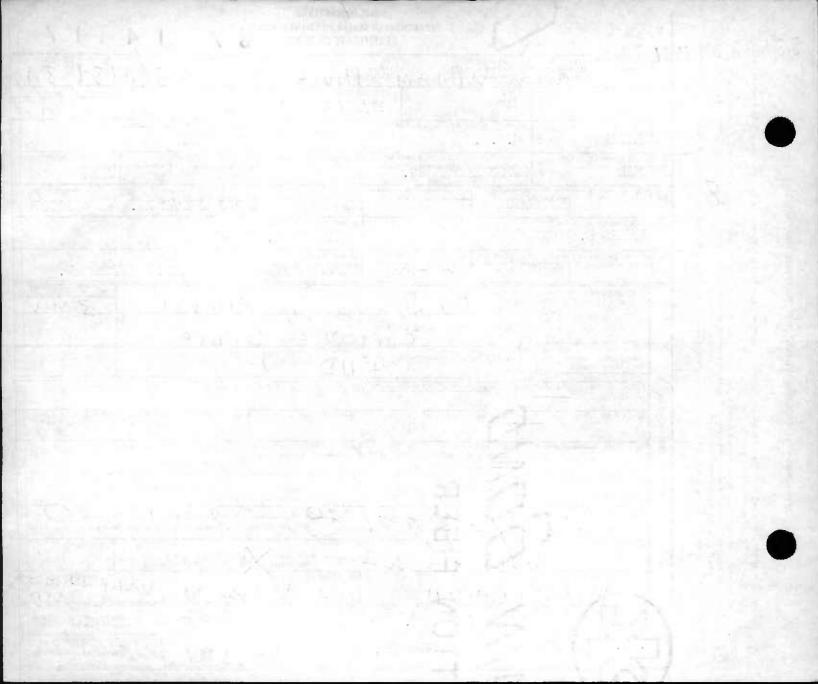
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		FOR		DE	ST PARTMENT O		AARYLAND		NE				
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JAIUU LA	-		FIRST		MIDDLE	TTER 5	LAST	ATE O COL	20 DATE KNOV	VN TO MONTH	DAY	YEAR 17	2b HOUR
W W	(TYP	E OR PRINT) E DNA	MARI	F. An	ANDA	HE	INIZ		OF ESTI			,87	III HOOK
PLEASE CTOR FILES HOURS	3. SEX			TE OF BIRTH		YEARS IF UN	IDER 1 YR. TIE	UNDER 24 HR		MONTH	DAY		2d HOUR
, 22 ac = 07	F	Zemak CAU	MON		YEAR LAST BIRT	HDAY) MONT		HOURS MIN	PRONOUNCED	05	21		2152
AL DAN TO STORY	70. BI	RTHPLACE (STATE OR		TIZEN OF WHA	10	1.0			RAITIMORE C		ITY OF DE	ATH	. M
S NECESSARY RE FUNERAL DIR B. FOT YOU RESTON		PREIGN COUNTRY)		U.SA.		WIDOW		R MARRIED A	E	REDE			
NE SING		TY OR TOWN OF DEATH	11. N	AME OF HOSPI	TAL, NURSING HO			ON 12a U	ISUAL OCCUPATION	N (TYPE OF WORK	12h KIND	OF BUSI	INESS
CONTRACTOR OF THE PARTY OF THE	150	EDERICK	78	OS COL	ITY, GIVE STREET ADDRESS	IEV	RX	FC	OR MOST OF WORKING LIF	E)	OR II	NDUSTRY	
AN COELAY AND 3 TO THE CETAIN THE COULD BE FEOSIO!		AL RESIDENCE (IF IN NURSING									21	70	/
PETA SECOND	13a. S	mb F	COUNTY	PICK	13c. CITY OR TOWN	-	13d. INSIDE CITY	NO 78	TREET ADDRESS	-al Vai	IEV	PX	
- K. 3.2.	14. F/	ATHER'S NAME						'S MAIDEN NA	ME	20 4710		,0,	
OF SES I	E	DWARD	MIDDI	E	HELAST		CATTL	EPINE	MIDDLE	-	TOF G	FF	0
	16a. V	VAS DECEASED EVER IN L	J.S. ARMED FO	ORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMA	ANT	ADI	10000	HARI	BOP	Eh.
	(4	ES, NO. OR UNKNOWN) (IF	YES, GIVE WAR OR	DATES)	25-09-0	00057	ENV	A SPIL	mad P	15A DE	NA M	11) 2	1155
B. GIN WITH T. PAC DIVIS		18 CAUSE OF DEATH (E	nter only one o	ause per line fo				. 0/ //	7.	,		ROXIMATE IN	
Z S S Z J		PART I DEATH WAS	CAUSED BY: MEDIATE CAU	16	2TFRIO	sclei	otic	CAR	DIOVASCU	landise	BETWEE	EN ONSET A	ND DEATH
IN 24 H IN ITEM ALONI ISIT PER/ HYGIEN		1740	MEDIATE CAU		S A CONSEQUENC	E OF							
토금병주목법		Canditions, if ony, gave rise to imm		(b)									
≥ Z ₹ E E E		cause (a) stoting the			A CONSEQUENC	E OF	7						
ON A PACE		lying cause lost.		(c)									
""PENDING" IN PI EF MEDICAL EXAMED AS AS BURIAL- SED AS A BURIAL- HEALTH AND ME AN CREMATION, O		PART 2 DTHER SIGNIFICANT COM	IOITIONS CONTRIB	JTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	OR CONDITION G	SIVEN IN PART 1 a					
A ALT	CERTIFICATION												
ARDED TO THE CHIEF M AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA (1201 PRIOR TO BURIAN, C	CA	19a DATE OF OPERATIO	N	196. CONDITIC	ON FOR WHICH OP	ERATION W	'AS PERFORME	ED3			20. AU1	TOPSY?	
1202 /	1 1											s 🔲 ı	NO 🗌
3 × 0		UNDERLYING OR	VAS	21b. TIME OF IN HOUR A.M. A	njury Month Day ye	AR 21c HC	OW INJURY O	CCURRED (ENTI	ER NATURE OF INJURY IN I	TEM IS PART I ORP	ART 2}		
5 × 5 × 5	MEDICAL	CONTRIBUTING CAU	SE OF DEATH	P.M.	19								
E3S E3S	ME	214 INJURY OCCURRED WHILE NOT WH	ILE 🖳	21e PLACE OF STREET, FACTOR			CATION		CITY OR TOWN	cc	YTHUC		STATE
D H O		WHILE NOT WH		T 1524									
POR'S		22a. I certify that I taa	k charge of the	e remoins descri	bed above, held an	Autop	sy 🔲, I	Inspection 🔀,	Inquiry X,	and in my o	pinion		
見るのエラ	1	deoth resulted from:	Natural caus	es 🗹 . A	ccident ,	Suicide	, Hamicide	e Und	etermined manner				
EXAMINE CERTIFICA JUD BE FC DIRECTO WITH TH WARYLAN		ACTUAL A	1.71	20	01.4		TITLE (SPE	CIFY)				-1 1	C. 7
MEDICAL CUTE THE SE 4 SHOI FUNERAL FUNERAL TRAORE, /		SIGNATURE 1	My V		rung	2M	D. Dep	ruty ME	DICAL EXAMINER	DATE	ED_S/	122/	81
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PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY	02 5				2045 ENTS		ADDRESS		7 1266	(-169	2716		
- 4 00	730.B	URIAL, CREMATION, REMO	OVAL 236 DA1	11-05	23t. NAME OF C	EMETERY O	R CREMATORY		LOCATION TY OR TOWN	COU	JNTY	STATE	
	24 F	URAN-L UNERAL DIRECTOR	0-0	227	X-DUSON	PAR	AVE 1250	The state of the s	BALTIME BY REGISTRAR 25b		SIGNATUE	MI	2
- 17 ME (5))	m	NAME VIVIE	il.	BROOK	11/1 m	300	775	MAY 2	7 1087 /	lia Tione		Park	5
- 1-11	V "(C		7 3	PLUK	LYN ///	1 04/0	2/20/2	MILLI CI	. 1001	The state of			1



					STATE	OF MARYLAND					100
	1.	FOR STATE		DEPART		EALTH AND MENTAL	63	47	1 4	d 1	1
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		CEASED NAME FIRST	verd r	MIDDLE		AS1	28 D/		MONTH D	AY YEAR	26 HOUR
nay be page 3		ORPRINT) MARION	MILL	11 AVA	M HOUC	Touck		05/	G1/871	187	8 AM
a di di	3. SE		4. RACE		S. DATE O			JIN YEARS LAST BIRT		FÜNDER I YEAR	HOURS MIN.
ge 4		MALE	WHITE			02/04 YEAR	8		YRS		
Po Spin Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED		TIMORE CITY O	R COUNTY O	OF DEATH	
to of 22	M	ARYLAND	U.S.A.		WIDOWE		H H	EDERICK			MD.
		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME O	R OTHER INSTITUTION	12a U	SUAL OCCUPATE DEMOSE FOR MOST OF MER	ON F WORKING LIFE		F BUSINESS OR
10 to	KE	YMAR	12703 K	EYMAR" RD	•		FAR	MER		DATRY	
2 Po	HSU.	AL RESIDENCE (IF NURSING HOME		HIS GITY OF TOV	RE ADMISSION)	LI34 INSIDE CITY LIMITS	S? LIBAST	REET ADDRESS /	ZIP_CODE		
S S S	עו	FREL	ERICK	KEYMAR TOV		NOS NO NO	127	O3 KEYMA	R RD.		21757
SYL.		ATHER'S NAME	TZMIDDIE	LAST		15. MOTHER'S MAIDEN		MIDDLE MIDDLE		LAS1	
MA de de la		HOWARD E. HOUC	K			MAMMIE E	s. REN	NER	-14-		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retending physician and completely filled in by as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shortd by fill than Americal Hygiene prior to burial, cremation, or removal.	Ióa \	WAS DECEASED EVER IN U.S. A		166 SOCIAL SEC		17 INFORMANT		ADDRE			
Pog e	NO	INON	war or dates)	214-36-8	635	SHIRLEY DAY	HOFF	12	637 KE	EYMAR R	.D .
ALT sicio pers oil.		18 CAUSE OF DEATH (Enter	only one couse pe	er line for (a), (b), jai	nd (c)	2	^	1		BETWEEN	MATE INTERVAL
T., B trificc phy inpo impo ivent		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (0)	Card	10 ba	emans	A	rines	1	7	MIN
or re			DUE TO C	OR AS A CONSEOU	ENCEOF	1 .	0	1			
death		Conditions, if any, which	(b)_		in	ces TUF	101	we	,		
the cemarement		gave rise to immediate cause (a), stating the	DUE TO. C	OR AS A CONSEQU	IENCE OF	110				1500	
that that d by leose iol, cra		underlying couse last.	(c)_		(H)	H.D -	V				
s, 20	_	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	TERMINALD	ISEASE OR CON	DITION GIVE	N IN PART Tro	
or to	CERTIFICATION								T		
S be	ICA	190 DATE OF OPERATION	196 CONI	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200	AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
TAL P	E					10	YE		YES		NO 🗌
AN. Physical		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LIOUR 4	OF INJURY A.M. MONTH D	AY YEAR	21¢ HOW INJURY OC	CURRED (E	NTER NATURE OF INJUR	PY IN ITEM 18 PA	Rf 1 ORPART 2}	
SION OF VI	MEDICAL	IN EITHER NOTIFY MEDICAL EXAME	NER)	P.M.	19		1111111				
PHY Thending the bund M	VED.	21d INJURY OCCURRED		TREET, FACTORY, OFFICE,	FARM ETC	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
DIVISION OF PORTER 14 After 14 e as the all than anarked		AT WORK						h	3		
Healer is a		220 I certify that (I) this ho	1 /1 -	2 6	111	d that (my) (bur) api		1000	1		that III (we) lost
ATTE Spiral d for n 21		sow the deceased alive above (1)	not) view the bod	y ofter death.	///		nion death c	occurred on the do	ste ona nour		
he ho oche		226. SIGNATURE	11	+1	//	DEGREE	IG MED	DICAL STAF	F	22c, DATE	SIGNED
A Al Al			Mr.	ge her	n	PHYSICIA	IN DIRE	CTOR PHYSIC	IAN []		
HOSPITAL Ined by the FUNERAL Wild be defined by the Store	100	221. PHYSICIAN'S NAME (**	OR PRINT)	· Carl		27e ADDRESS	1 1 10	2	111	11N 13	MAD
TO HOSPITAL etoined by the TO FUNERAL should be det with the Stote		10 M	LEt	nyo		11.04 11	·NK	IN 27.	1		MD
	230.	BURIAL CREMATION, REMOV	05/14	1/87 MT		EMETERY OR CREMATO	ORY 236	WOODSBO	RO FE	REDERIC	K MD'
BP			03/1-			21-	DATE DEC'	D. BY REGISTRAR			
DHMH - 16 50M 4/83	24. F	D'ERD DIR HARTZLER		WOODSI	BORO,	MD 230	MAV 4	3 1987		cardian.	
(VRA 15, 4)							MAY	0 1301			-



EAST MAIN ST.

DAILEY & SON, P.A. THURMONT, MD. 21788

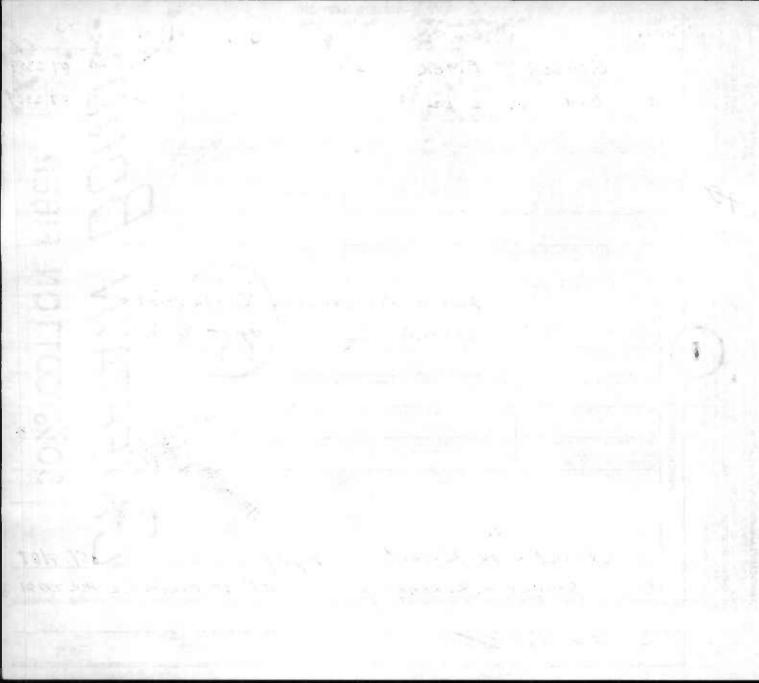
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECT

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND



director, page 3

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
- STATE REGISTRAR	CERTIFICATE OF DEA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH

7 REG. NO.	1	4	design of the same	1	9
REG. NO.					

	I. DECEASED NAME	FIRST		MIDDLE	LA	\ST		20 DATE OF D	EATH MON	ITH DAY	YEAR	2b HOUR
	(TYPE OR PRINT)	James	E	dward	JOHN	SON		May	19.	1987		10:45 A
	3. SEX		4 RACE		5 DATE O			6 AGE (IN YEAR	S LAST BIRTHDAY		IDER 1 YEAR	IF UNDER 24 HRS
	Male		Whit	е	Jan	. 6.	1909	78		YRS	HS DAYS	HOURS MIN.
5	PETBIRTHPLACE (ST.	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER	MARRIED M	9 BALTIMORE	CITY OR CO		DEATH	
55	Marylan	d	U.S	.A.	WIDOWE		IVORCED	Fre	derick	Coun	ty,	MD.
4	Frederi		(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET A	ADDRESS)			120 USUAL OC (TYPE OF WORK FO Farme	OR MOST OF WOR	RKING LIFE)	26. KIND ONDUSTRY	BUSINESS OR
5	ISUAL RESIDENCE (130. STATE Maryland	13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Frederi	N 1	13d. INSIDE YES	CITY LIMITS?	13. STREET AD ROSemo	DRESS / ZIP	CODE 21	701	
1	14. FATHER'S NAME FIRST Charl	le	MIDDLE	Johnso	n		'S MAIDEN NA		MIDDLE		нії	
Picos.	160 WAS DECEASED			166 SOCIAL SECU		17 INFORM			ADDRESS			
ê /	(YES, NO OR UNKNOV	No	NE WAR OR DATES	577-14-9	618	Citiz	ens Nus	ring Ho	me, 22	:00 Ro	semon	t Avenue
ury, ar ather troumotic e		ony, which immediate stating the couse last.	DUE TO, O (b) DUE TO, O (c)	RAS A CONSEQUE AS A GONSEQUE ON TRIBUTING TO D	NCE OF	Bf Le	DISEN	AU MO AU MO AL LE	fic?	ON GIVEN I	N PART 1co	
Seny in	SIND DATE OF O	87	au	,,,,,	OPERATION A Legy	AFI	gouge	200 AUTOP	NOT IN	LIFYES, WE CERTIFYING	CAUSES	
9	DR CD HEAD IN LEAD	AS UNDERLYING [G CAUSE OF DE Y MEDICAL EXAMINE	AIR	M. MONTH DA	Y YEAR	21c. HOW	NJURY OCCUR	RED (ENTERNATU	E OF INJURY IN I	TEM IS PART 1	ORPART 2)	
orked or	(IF EITHER NOTH	OT WHILE AT WORK	21e. PLACE	OF INJURY BEET, FACTORY, OFFICE, FA	ARM ETC]	211 LOCAT			CITY OR TOWN		COUNTY	STATE
121 is ma	sow the d	eceosed olive or	-12/4	deceosed from	5/3/	d that in (m)	19	deoth occurred	on the date o	nd hour one	d from the a	that 11 (we) fast
IT: # Hen	NICA		n For	16 m	> "	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c DATE	SIGNED
APORTAN		SNAME (TYPE	· FOR	15		22e ADDRE	· w. 3	x. st. F	reele	Mot		10/1
S 1	22 DUDIAL CDENTA	IOAL DEMOUNT		122. N	1115 05 05			1021106431	140			

retoined by the hospitol or

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicior should be detacked far use as the buriol-transit permit. Then please remove carbon popers:

should be detached for use as the buriot-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriof, cremotian, or removal.

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

May21,1987 Burial

Burtonsville Cemetery

Montgomery, Md.

106 East Church Street, Frederick, Md. 21701

etery Burtonsville Mondon Parkers Signature

250 Date REC'D. By REGISTRAR 250 REGISTRAR'S SIGNATURE

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may be

rol director, page 3 Z2 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	17	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	SIENE	7 REG. NO.	1 4	d 4,	20
1		CEASED NAME	FIRST		MIDDLE	ı	AST	2a DATE O	F DEATH MON	TH DA	Y YEAR	26 HOUR
,	(TYPE	OR PRINT)	VIN	SAN	MUEL	KI	EIN		5	14	1987	9:15 PM
	3 SEX			1. RACE	TOLE	5. DATE C	OF 8IRTH	6 AGE (IN	YEARS LAST BIRTHDAY	_	UNDER I YEAR	
	M	ALE		WHITE	7	MONTH	5 1909		77	YRS MO	INTHS DATS	HOURS MIN.
-	7d 81	RTHPLACE (STATE OR	FOREIGN I		WHAT COUNTRY?	0	D KKNEVER MARRIED	9 BALTIMO	ORE CITY OR CO		F DEATH	
4	мт	COUNTRY)		USA		WIDOWE		FRE	EDERICK			MD
-		ITY OR TOWN OF DEA	ATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION		OCCUPATION			OF BUSINESS OR
7		REDERICK		624 WI	LSON PLAC	E			AGEMENT	RKING LIFE)	MANUF	FACTURING
5	130 S MI	AL RESIDENCE (IF NURS STATE D	13b COUN FREDE	TY	13c. CITY OR TOW FREDERIC	N	134 INSIDE CITY LIMITS?	13e.STREET 624	ADDRESS / ZIF	PLAC	E, 217	01
1		ATHER'S NAME FIRST		NDDLE	KLEIN	43	15 MOTHER'S MAIDEN NA		LANCHE		STC	ÖNER
		VAS DECEASED EVER			166 SOCIAL SECT	IRITY NO.	17 INFORMANT		ADDRESS	Fred	erick,	MD
	No	YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	577-12-0	772	Annabel C. K	lein	624 Wil		Place	
		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b), an	dici.					BETWEEN	ONSET AND DEATH
		PARTI. DEATH W		E CAUSE (b)	Color	, co	resr				6	ma
THE REAL PROPERTY.	NOI	gove rise to improve (a), static underlying couse	ng the	(c)	R AS A CONSEQUI		NOT RELATED TO THE TERM	MINAL DISEA:	SE OR CONDITIO	ON GIVEN	N IN PART 110	0
2	CERTIFICATION	19a DATE OF OPERA	TION	198 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT YES				NGS USED S OF DEATH?
2		210. ACCIDENT WAS UNI	CAUSE OF DEAT	The state of the s	PFINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJURY IN I	ITEM 18 PAR	T OR PART ?}	
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE			211 LOCATION STREET		CITY OF TOWN		COUNTY	STATE
		220.1 certify that (1) saw the deceas above, (1) (we) (37.0	nd that in (my) (our) opinion	death occurr	ed on the date o	, 19		that (I) (we) lost couses stated
_		226 SIGNATURE	AME LIVE OR	7N	arten	>	DEGREE ATTENDING PHYSICIAN [1] 1220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN		ST DATE	SIGNED 1587
		124	2 X	21	MARTIN	J	220 N. N	JAN/GO	T 57-	For	eden	ids Mi
		BURIAL, CREMATION, (SPECIFY) SURIAL	REMOVAL	236 DATE 5/18/			EMETERY OR CREMATORY IVET CEMETERY		ATION Y OR TOWN ERICK		DERICK	STATO MD
4	_	JNERAL DIRECTOR	G. DO		TAUFFER				REGISTRAR 25h	REGISTRA	ARIS SIGNAT	TUPE
		1621 On a co		m Dáles	ADDRESS	ole Mi	0 21701 M	TAY 1 8	1301 8	Jula 1	Diordon	. Verrane

1621 Opossumtown Pike, Frederick, MD 21701

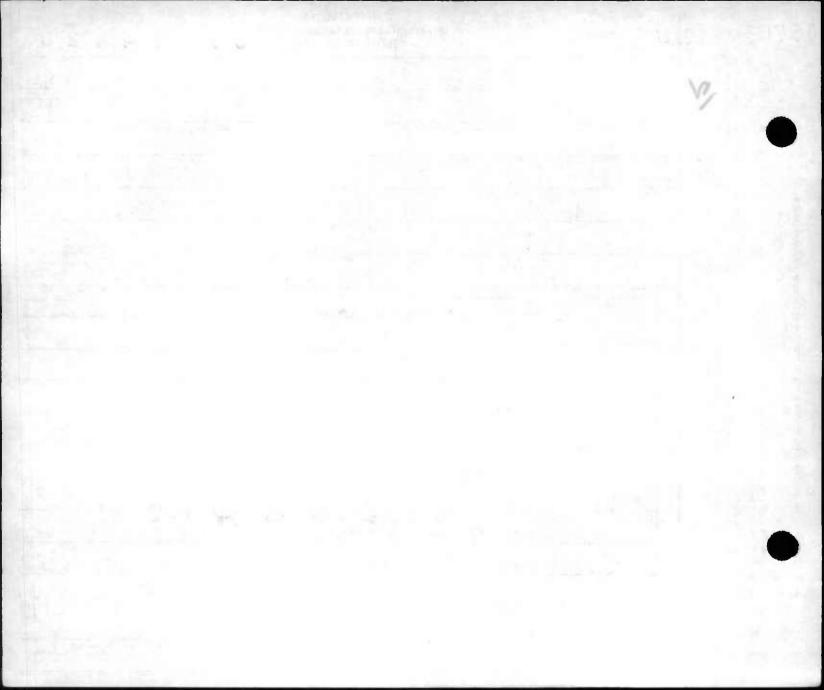
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and costshould be detached for use as the burnal-transit permit. Then please remove corbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burnal, cremation, or removal.

(VRA 15, 4)

TO HOSPITAL

BP.



DHMH - 16 60M 7/84 (VRA 15, 4) 1 STATE

LITYPE OR PRINTE

REGISTRAR

ZMOSENE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2ª DATE OF DEATH 25 HOUR 5. DATE OF BIRTH HONEN 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED 12b. KIND OF BUSINESS OR 13d INSIDE CITY LIMITS? 17 INFORMAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONSFOURNCE OF FAILURE MEART PARDIO. VASCULOR O OSCLEROTIS COP 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR 21f. LOCATION STREET CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF - PHYSICIAN & DIRECTOR PHYSICIAN 22e ADDRESS

DEVOLOR FUNERAL HOME 250 DATE REC'D BY REGISTRAR'S SIGNATURE

ASSILINGTON, D.C. JUN 1 1987 Julia Desiden Randa

Logicarda E. Landaday May out 1/27 Stock TERMALE SHATE SEET IN 1715 IN President Telegraphics and the second control of the second second second second Windship Brown of Frenches of Star States Star LARGE TO A SHOW I WANTE WHAT I WANTED TO THE TOTAL OF THE PARTY OF THE NA ______ ANTO PROBE DAMAGE AND COLUMN TO COLU Laboration of the second of th

5 9 1 2 JUN -9	37	FOR - STATE REGISTRAR	DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	GIENE 8 7 REG. NO	. 1 4 4 2 2
noy be		CEASED NAME FIRST E OR PRINT)	nie Edith	LINTO		May 27,	1987 YEAR 26 HOUR 5:20 P.
ctor. pag	3. SE		4. RACE White	5. DATE OF	BIRTH 1895	6 AGE (IN YEARS LAST BIR	741
neral dire	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8.	☐ NEVER MARRIED ☐		re County of DEATH
s ofter do by the fur iled within	10. C	Frederick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Citizens Nursin	NG HOME OF	OTHER INSTITUTION	126 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOMEMAKET	DE WORKING LIFET INDUSTRY
24 hour 24 hour 24 hour 25 hou		AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		N I	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	zip CODE r Place, 21701
MARYLA mpletely and 2 sh	14 F/	ATHER'S NAME FIRST Koontz	MIDDLE HOOVE	r	Julia	ME	Traver
n and co		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, G	IVE WAR OR DATES)		IT INFORMANT Atlee N. Goul	908 Mot	ter Place
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or detending physician. It is this scrifficate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shoold be fill the and Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, ar ather traumatic event, the medical examiger most be a contracted or them 18 shows any injury, are after the advantage of the medical examiger most be a contracted or them 18 shows any injury.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	only one couse per line fair (b) and ED BY: ITE CAUSE (a) DUE TO, OR AS A CONSEOUE (b) DUE TO, OR AS A CONSEOUE (c) CONDITIONS CONTRIBUTING TO I	ENCE OF	HI (I)	ANALDISEASE OF CON	10US
TAL RECORDS, The low require cion. Sit permit. Then giene prior to by shows any injury	CERTIFICATION	19a Date of Operation	19b. CONDITION FOR WHICH		WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
IVISION OF VITA G PHYSICIAN. TI offending physicia rer this certificate s the burial-transis ond Mental Hygis rked or frem R8 sh	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		19	21c. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJU	
L OR ATTENDIN the hospital or of L DRECTOR, Aft stached for use or te Dept. of Health : if Item 21 is more		220.1 certify that (1) (this has	ontol) arended the deceased from not view the body after spoth.	/	EGREE ATTENDING	death occurred on the di	that (I) (we) last ofte and hour and from the causes stated
O HOSPITA O HOSPITA TO FUNERA Hould be de with the Stot		Dr. Timothy	J. Hickey, M.D.		22e ADDRESS		er, Frederick, Md.

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial 106 East Church Street, Frederick, Md. 21701

May 29, 1987 Mt. Olivet Cemetery Frederick, Frederick, Md ...

y mines alstrogod' Many and the And Spreaker D.E. cost are last A - The state of the state of the state of 19749 Society . States of the hour . Bette Tong-Charles late the second recent to the second of

DHMH - 16 60M 7/84

(VRA 15, 4)

ol director, page 3

STATE OF MARYLAND

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0	REG. NO.	1	4	del	6	3

81	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	10.	4 4	2 3
	CEASED NAME FIRST	Elizab		Lil Is date o	nton	20 DATE OF DEATH	5/2	0/87 8	HOUR 1
	Female	White		MONTH		75	YRS	ONTHS DAYS H	OURS MIN.
Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76. CITIZEN OF WHA	T COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY OF	ck Cou		M
	Frederick				Hospital	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemake	OF WORKING LIFE	176. KIND OF 8 INDUSTRY Home	USINESS O
11a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY AND FRE	ROTHER INSTITUTION GIVE INTY derick 13c.	RESIDENCE BEFORE CITY OR TOWN Freder	admission) Nick	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 9032 A Ham	/ ZIP CODE burg R	oad 217	01
14 FA	ATHER'S NAME Albert I	eonidas H	iar ley		15. MOTHER'S MAIDEN NA Daisy	ME MIDDLE		Stone	
		IVE WAR OR DATES	17-80-5		17. INFORMANT Mr. 9032 A Hambi	James W. ADDR irg Rd., Fr		k, Md. 2	1701
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per line (ED BY: (TE CAUSE (0)	10101, (b), one	dicip	1 carles	arrest	-1133	APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
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TION	Conditions, if ony, which gove rise to immediate cause (01, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT WALOUR DATE OF SIGNIFICANT	DUE TO, OR AS (c) CONDITIONS CONTR	A CONSEQUE ALTE RIBUTING TO D	ELTIVE INCE OF IRIO SC DEATH BUT,	lneys	INAL DISEASE OR COM	IDITION GIVE		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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de	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	BIENE 8 7	4 4 2 4
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-	IRTHPLACE (STATE OR FOREIGN COUNTRY) Marv.land	76. CITIZEN OS	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	Frederick Mai	
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13aV	at residence in nursing home or ary land	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	1CK	13d. INSIDE CITY LIMITS?	130. 9T FEET ADDRESS / ZAPO	PSon Road 2/20/
14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	LAST
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	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	1 DD E 111
	No No	E WAR ON DATES	212 10	4681	Arthur E Mi	Her 11860 Nich	holson RD Fred'k
	18 CAUSE OF DEATH (Enter or	aly one couse per	line for (q), (b), one	d (c). I	2 1	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	right	Cere	beal infar	cha	1 dec
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	gove rise to immediate couse (a), stating the)		NICE OF	4456		
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CERTIFICATION	190 DATE OF OPERATION	196 COND	ION FOR WHICH	OPERATIO	N WAS PERFORMED	INCE	YES, WERE FINDINGS USED PRINTING CAUSES OF DEATH?
ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME O	FINJURY		21c HOW INJURY OCCUR	YES NO	YES NO
	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA			TOTAL TOTAL OF MINOR PARTY	110 (20)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.i. PLACE		19	211. LOCATION		
WE	WHILE NOT WHILE AT WORK		PEET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
	22a 1 certify that (1) This hasp sow the deceased alive on above (1) (we) (did) (did no	5-8	19	57.0	nd that in my (our) opinion	deoth occurred on the date and	hour and from the couses stated
	226. SIGNATURE	11			DEGREE	THE RESERVE	22c DATE SIGNED
	Sla	ha		V	h / ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-9-87
	226. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS	1 0 -	101
	S KAH	AN	MD		4 W -	74 ST F	rederal
	BURIAL, CREMATION, REMOVAL	23b. DATE		IAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	Burial	May 12	2, 1987	St Jo	hns Cemetery	Ellicott Cit	ty Howard Maryland
24 FI	UNERAL DIRECTOR Harry						
	112 Old Columbi				M	NY 2 1 1987 Jul	GISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

4112 Old Columbia Pike Ellicott City

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages hand 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

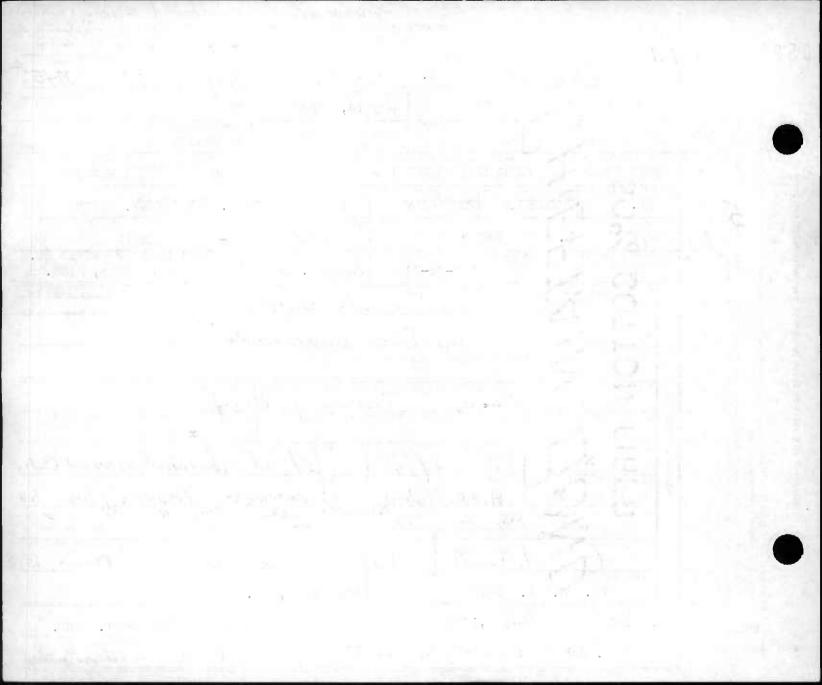
TO HOSPITAL OR ATTENDING PHYSICIAN. The etained by the hospital ar attending physician injury, or ather traumatic event, the medical

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	‡	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	
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poge 3			ear		S.	-	ATHRAN		May 4, 1981	09	745 M
4 mg	3. SEX	FEMALE		4. RACE WHITE	7	5. DATE C	14, DAY 905		AGE (IN YGARS LAST BIRTHDAY) IF I	UNDER I YEAR IF UN	NDER 24 HRS
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g ply g ply miol-triol-t	CAL	OR CONTRIBUTING X			, /	9 19	EU	1 a	1 somewood K	e trend	CELTEN
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Spire of the spire	-0	sow the deceose obove, (I+(we) (c	d alive on, id) (did not		after death.			opinion de	oth occurred on the date and hour or		
DOR DOR		226. SIGNATURE)	10	789	-	DEGREE ATTEND	DING	MEDICAL STAFF	22c. DATE SIGNI	ED
J - J + 0		(5	w.	1. Jm	W/L	7-1). PHYSIC	CIAN 🔀	DIRECTOR PHYSICIAN	1777 7	7, 1957
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BP		JNERAL DIRECTOR		1,	. , , , ,			25 - DA7F		ONT. MI	J.
DHMH - 16 60M 7/84		URIEL H. B	ARBER	LAYTO	NSVILLE,	MD.20	879	M	AY 6 1987 Julia	Dander Pa	1.00
(VRA 15, 4)								1111	June 1	Daniel V. Ka	ACCIONAL .



within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The low

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR				CERTIF	ICATE OF DEATH	O REG. P	10.	4 4	de	Ó
	CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	2 /
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3. SE	Х		4. RACE		5. DATE C		6 AGE (IN YEARS LAST B		MONTHS DAYS	IF UNDER 2	24 HRS
	Female		Whit	e	Mar	ch 31, 1905	82	YRS	MOIVING DATS	ACORS	MIN.
	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COU	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
	Maryland		U	SA	WIDOWE		Freder	ick Co	unty,		MD.
10 C	ITY OR TOWN OF DE	ATH			URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA		126 KIND C	F BUSINES	
12	Frederick	c	4			l Hospital	Restau		FE) INDUSTRY	er	
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	VAS DECEASED EVER		RMED FORCES?	16b SOCIA	L SECURITY NO.	17 INFORMANT	ADD	ESS 520	7 Crown	St.	
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CERTIFICATION	140 DATE OF OPERA	ATION	198 CONL	ITION FOR V	VHICH OPERATIO	N WAS PERFORMED	YES NO		FYING CAUSES		
	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A		H DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18 P	PART 1 OR PART 21		
MEDICAL	21d INJURY OCCUR	HILE		OF INJURY	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	51	ATE
	220 I certify that (I saw the decease		ot view the bad		0-1	nd that in (my) (our) apinio	an death occurred an the	dote and hou	0	that (I) (w	
	22b. SIGNATURE	Ma	ndn	after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN [22c. DATE	SIGNED	7
	22d. PHYSICIAN N		G MAN	ACB, W	I.P.	122e ADDRESS	Some D. Fr		ins.	217	76
23a. E	BURIAL, CREMATION	, REMOVAI	236 DATE		23c NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION		COUNTY	5.1	ATE
	Buria	1	May 1	,1987	Mount	Olivet	Frederic		rederick		d.
24 FL	UNERAL DIRECTOR					250 D	ATE REC'D. BY REGISTRA	R 25b. REGIST	TRAR'S SIGNAT	URF	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and comes should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO HOSPITAL

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injury, or other troumotic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows any

Ölin L. Molesworth, P.A., Damascus, Md.

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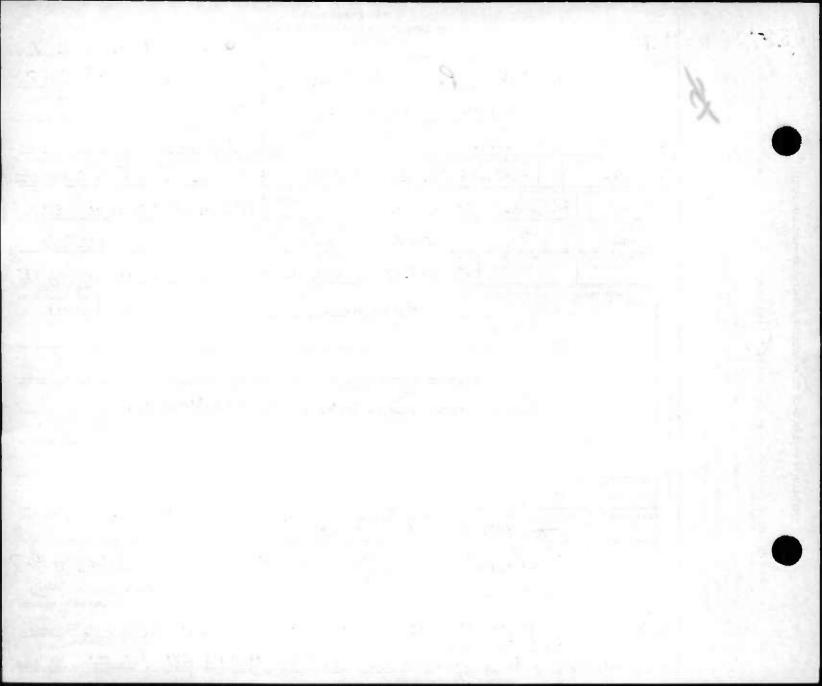
STATE OF MARYLAND

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9 74 /		CEASED NAME	FIRST		MIDDLE	Λ	AST	20 DATE C	OF DEATH	MONTH A	8 1987	3:15 PM
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YSICIAN II ding physicia s certificate ounol-transit Mental Hygi	MEDICAL CER	210 ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEA	ATT.	M. MONTH DA M.	AY YEAR	21c HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY	TIN ITEM 18	PART : OR PART 2}	
After this eas the booked	ME	WHILE NOT WHI	LE .	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	7	CITY OR TOW	VN	COUNTY	STATE
AL OR ATTEND r the hospital of AL DIRECTOR: detoched for use ofe Dept. of Hee		sow the decease above, (1) (we) (d	d alive en	May	8 19	e7a	DEGREE ATTENDING PHYSICIAN	an death occur MEDICA DIRECTO			22c. DATE S	
TO HOSPIT etoined by TO FUNER should be with the St		22d. PHYSICTAN'S NA	ME CTYPE C	IN LAN			610 NI	oth A	, 2V	Bru	nnswick	E, MD
BP	B	BURIAL, CREMATION, F (SPECIFY) WILAL		May18,	1987 Al	tstae	emetery or cremator dter Friedho	of ceme	tery, E			Germany
DHMH - 16 60M 7/84	24. FI	UNERAL DIRECTOR	ranc	is J.	Collins.	Jr.	25a. C	ATE REC'D. BY	REGISTRAR 2	Sh REGIS	TRAR'S SIGNATU)RE

500 University Blud. W., Silver Spring, Md. 20901

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DHMH - 16 60M 7/84 (VRA 15, 4)



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U,	5408	· Ina

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

8	PREG. N	10.	4	5-3	2	8
DATE	F DE ATH	MONTH	DAY	YEAR	26 HC	UR

	21-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYO	GIENE 8 7 REG. NO	. 4	5-3	2	8
1		CEASED NAME	FIRST	112.00	MIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUF	R
1	line	OR PRINT)	Paul	Ha	ns N	LUNDOR	F	May 13	3, 1987		18 10	M
1	3 SEX	·		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UND	ER TYEAR	IF UNDER 2	
ı		Male		Whit	е	Jar		68	YRS.	DAYS	HOURS	MIN.
-		RTHPLACE (STATE OR	FOREIGN	6 CITIZEN OF	WHAT COUNTRY?	8.	-	9 BALTIMORE CITY O		EATH		
1		Maryland		U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED	Frede	erick Cou	intv		
	_	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126		F BUSINES	SS OR
		Frederick		Freder	ick Memor	rial b	lospital	Truck Driv		Bake:	су	
	13a S	AL RESIDENCE (IF NURS	136 COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
	1	Maryland	Fred	erick	Monrovi	ia	YES NOW	11529 Fing	gerboard	Rd.,	217	70
1	I4 FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST		
A		Hans	,	NIDDLE	Naundori	E	Nett		Wa	ard	-	
1		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT Mrs.	Norma J ADDRE	า์ลิกตลก		-	
1		ES, NO OR UNKNOWN)		-1945	215-26-7	7739		Rd., Thurmon		21788	}	
I		18 CAUSE OF DEAT PART 1. DEATH W	H (Enter onl	y one cause per	line list by on	689	1-11	n	L	APPROXIA	MATE INTER	VAL DE ATH
1		PART I. DEATH W		DBY: E CAUSE (a)	1 Milas	ar	Myllence	2 -		565	Mu	tes
ı				,	R AS A CONSEQUE	NCE OF	11- 1	+ 1	4	7 /	1	
١		Canditions, if any	, which	(b)	Mundo	udu	I Mule	ins win	uliu-) K	ou	~
1		gove rise to imi	mediate	DUE TO O	A DA STOUR	NCE OF						
ı		underlying cause	lost.	1 10/	Mue	000	· lecores			ne	u	4
1	z	PARTO DIHER SIG	MIFICANTO	ONDITIONS C	ONTRIBUTING 49	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	PART IN		
4	CERTIFICATION	ange	une	un	acufil	uu	N WAS PERFORMED	200 AUTOPSY?	1206 IF YES, WER	EEINIDIA	CC UCER	_
	N N	HALL DATE OF CHERA	you .	In corp	IIION FO WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFYING		OF DEATH	
Н	RT			-			V	YES NO	YES 🗌		NO [
		210. ACCIDENT WAS UNI		HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	EY IN ITEM IB PART I OF	RPART 2)		
1	CAI	(IF EITHER NOTIFY MEDI	CAL EXAMINER		M.	19			L PIG			
1	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY	ARM, ETC }	211 LOCATION STREET	CITY OR TO	wn cc	YINUC	51	TATE
1	-	AT WORK NOT WE	MILE DIRK			-	4			or		
1	1	220.1 certify that (1)				044	May 19 10	10 /3/00	My 19_	1	hat (I) (w	re) last
1		saw the deceas above, (I) (ed alive an . Jidh (did nat) view the bady	after death.	-	nd that in (my) (our) apinion	death occurred on the de		1,0		ted
1		77% SIGNATURE					DEGREE	services resu		IL DATES	GNED	00
		0	ne	2	22	2	ATTENDING BHYSICIAN	MEDICAL STAN	IAN I I	5M	ay	1/
		22d. PHYSICIAN'S N.	AME (TYPE OF	PRINT)			27s. ADDRESS			100	-	
		Dr. Ga	alen F	. Brook	S		4 West Sev	enth St., Fr	rederick,	Md.	217	01
Í		URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	236 LOCATION	2014	utv	41	Ali
		Buria:					ven Mem. Gard					•
	24 FU	INERAL DIRECTOR	Smith,	Keeney	& Basfor	rd Fur	neral Homes DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATI	\$ 1	44
1	1	06 East Cl	nurch	St., Fr	ederick,	Md. 2	21701 M	AT 1 9 198/	yulia De	ir after 3	Corre	

DHMH - 16 60M 7/B4 (VRA 15, 4)

APORTANT

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2.	TATE OF I	MARYL	AND	
RTMENT (F HEALTI	HAND	MENTAL	HYGIENE
CER	TIFICAT	E OF	HTA3D	5
	RTMENT C	RTMENT OF HEALT	RTMENT OF HEALTH AND	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

STATE OF MAKTLAN	U
DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DE	ATH &

DEPARTA	CERTIFICATE OF E		SIENE	7 REG.	NO.	4		2 9)
HUES	NEI GHBOU	105	20 DATI	E OF DEATH	119	DAY	YEAR	26 HOL	IR 130
rues	1051 GALDOC	L/C		7		8/		4.7	IFA
е	5. DATE OF BIRTH		6 AGE	IN YEARS LAST	BIRTHDAY	IF UNDE	RTYEAR	IF UNDER	24 HRS
	June 30,	1902			84 YRS	MONTHS	DAYS	HOURS	MIN.
HAT COUNTRY?	1		O BALTI	MORE CITY	OR COLIN	TY OF DE	ATH		

	June Jo,	- 7
76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED
1. S.A.	WD0W55 -	

Frederick Memorial Hospital

Frederick County, PE OF WORK FOR MOST OF WORKING I HE Education

INDUSTRY Teacher

Bond

USUAL	RESID	ENCE	{ IF	NUR
13a ST				
Ma	ryl	and		

Fleet

Frederick

REGISTRAR DECEASED NAME

Female

TO. BIRTHPLACE (STATE OR FOREIGN Maryland

II. CITY OR TOWN OF DEATH

Frederick

Frederick

YES K NO [15. MOTHER'S MAIDEN NAME

Anna

31 West Patrick Street/ 21701

4 FATHER'S NAME

CERTIFICATION

MEDICAL

MIDDLE Rayhue 160 WAS DECEASED EVER IN U.S. ARMED FORCES

(IF YES GIVE WAR OR DATES)

Neighbours 66 SOCIAL SECURITY NO. 220-44-4042

17 INFORMANT

P. OPREBOX 146 Mr. Joe W. Price, Oxford, Maryland

APPROXIMATE INTERVAL IETWEEN ONSET AND DEATH

	PART I. DEATH WAS CAUSE	ly one cause per line for any (b), and (c) Kentona	
>	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

underlying couse lost.

WE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	T
14 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	

NOTE YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION

70a AUTOPSY?

NOT WHILE

our) opinion death occurred on the date and hour and from the causes stated

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

Robert L. Kaufmann, M.D.

804 Tollhouse Avenue, Frederick, Md. 21701

23e. BURIAL, CREMATION, REMOVAL Burial

190 DATE OF OPERATION

May22,1987

23c NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

Fredercik, Frederick.

24 FUNERAL DIRECTO Smith, Keeney and Basford Funeral Hones DATE REC'D. BY REGISTRAR 256 REGISTRAR 25 106 East Church Street, Frederick, Md. 21701

plea Dividen Pandres

DHMH - 16 60M 7/84 (VRA 15, 4)

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Connect derivatives tingle at a carrier Entities Section Colors (section) 1051E Treatly Smith of Your 15 x simple delimination beautiful Zest musicales emysis dest Hone 229-A-seed Dr. toe W. Frice, Driver, Faryland Eduly

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requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

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in 72 haurs ofter death

FOR	DEPARTMENT
STATE	
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STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.				

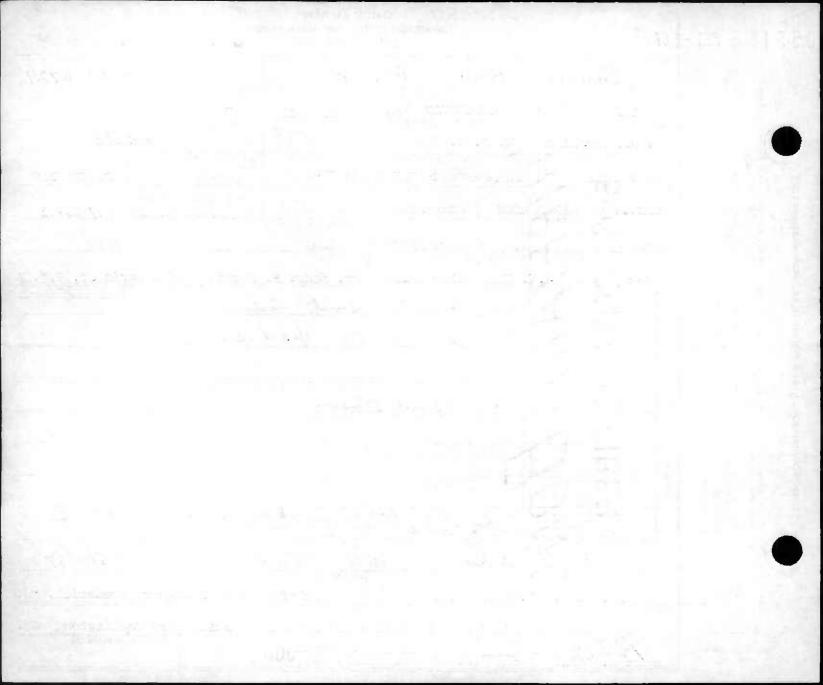
									_		
	CEASED NAME FIRST	0	MIDDLE	Ola I	1 :-		20 DATE OF DEATH	MONTH 5	12	YEAR	2b HOUR
	CHARLE	s nu	SH	Phil	1185			5	12	87	072
3 SEX		4 RACE		5. DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAST	HRTHDAY)	MONTHS	R I YEAR	IF UNDER 24 HOURS
	MALE	CA	UCASIAN	06	13	11	75	YRS		UATS	ours
	RTHPLACE (STATE OF FOREIG		WHAT COUNTRY?	8 MAPPIED	□ NEVER MA	PIED X	BALTIMORE CITY	_			
	South Carolin			WIDOWED	☐ DIVO	RCED			eder.		
	TY OR TOWN OF DEATH FREDERICK	(IF NOT IN SUC	HOSPITAL, NURSIN TH FACILITY, GIVE STREET RICK MEMO	ADDRESS)			120. USUAL OCCUPA (1YPE OF WORK FOR MOS CHEMIST	OF WORKING	LIFET IND	USTRY	BUSINESS RNMEN
13a. S1		OME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOWN FREDERI	N II	3d. INSIDE CITY YES [7] N	LIMITS?	13e.STREET ADDRESS			m /	21701
	THER'S NAME				5. MOTHER'S M		608 NORTH	MARK	ETS	1./	21/01
	FIRST	MIDDLE	LAST	-Da	FIR		WIDDLE		177	LAST	
	<i>JOHN</i> /AS DECEASED EVER IN U.	A.	PHILI 16h SOCIAL SECU	- No.	ALMA 17 INFORMANT		ADD	RESS	F.	REE	
		ES, GIVE WAR OR DATES)	100 SOCIAL SECO	KIII NO.	I/ INFORMAINI			NE 33			
<u> </u>	YES	W.W. II	258-42-	1196	Dr. Nar	CY P.	Norris	405			.,S.F
	18 CAUSE OF DEATH (En	ter only one couse per	line for (0), (b), and	d (c).1	1 1	~	1.			APPROXI	NATE INTERVA
		EDIATE CAUSE (o)	Courses	tevie	Sport	tar	lim				
U	PART 2 OTHER SIGNIFIC. COPP 190 DATE OF OPERATION	Induira	ONTRIBUTING TO D	al St	anjui		200 AUTOPSY?	20b. IF Y	res, Werl	FINDIN	
0	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	110110 4	FINJURY M. MONTH DA		21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF IN	IURY IN ITEM I	B PART I OR	PART 2)	
ICAL	(IF EITHER NOTIFY MEDICAL EX-		M	19							
	21d. INJURY OCCURRED	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		711 LOCATION		CITY OR	OWN	co	UNTY	STAT
MEDI	ALWORK LINORY L							Own			
	AT WORK AT WORK		ne deceased from	200	-	10 86	in relay	12	10	57 ,	hallywe
	220.1 certify that (this sow the deceased di	hospital) attended the	9 11 19 8		that in (my) Jos	19 <u>86</u>	10_ May	12	_, 19		ho (I)(we
	220.1 certify that (this saw the deceased all above	hospital) attended the	9 11 19 8	7_, ond		19 <u>8</u> b	, to Way	12	_, 19	rom the c	auses state
	220.1 certify that (this sow the deceased di	hospital) attended the	9 11 19 8	7_, ond	GREE	ENDING	_, to, to	12- date and h	_, 19		auses state
	270.1 certify thosely (this saw the deceased of above 1776. SIGNATURE	hospital) attended the	Affin death. 19_8	7, ond	GREE ATT PH'	ENDING SICIAN	MEDICAL ST	dote and h	_, 19	DATES	auses state
	270.1 certify those () (this sow the deceased of a lobor of the state	hospital) attended the ve on the bod. Riddick,	M.D.	Z, ond	GREE ATT PH'	ENDING SICIAN (1)	medical (dote and h	_, 19	DATES	auses state
23a BU	270.1 certify those () (this sow the deceased disposed of the control of the cont	hospital) attended the ve on the bod. Riddick,	M.D.	Z, ond	GREE ATT PH'	ENDING SICIAN (1)	MEDICAL ST	dote and h	_, 19	DATES	auses state
23a BU	270.1 certify those () (this sow the deceased of a lobor of the state	hospital) attended the ve on the bod. Riddick,	M.D. 73c N	On Ond	ATI PH' 77e. ADDRESS Pa1 WETERY OR CRE	ENDING SICIAN SI	mEDICAL ST. DIRECTOR PHYS Medical (134 LOCATION CITYOFTOWN	dote and h	19 20 20 20 20 20 20 20 20 20 20 20 20 20	S//2 eder	ick,

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remave carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or remayol.

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7 REG. N	10.	4	4	3	
ATE OF	DEATH	· · · · · · · · · · · · · · · · · · ·	DAY	VEAR	101 1101	١

	1 -	STATE REGISTRAR		CERTIFICATE O	F DEATH	B REG. NO	. 1 4 4	3 1
		EASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
-	CEN	Ethel	Grace	Porter 15. Date of BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY) FUNDER TYEAR	IF UNDER 24 HRS
	SEX	-elmale	White	MONTH DA	1 1900	86	MONTHS DAYS YRS.	HOURS MIN.
5	88	THPLACE IS TE OR FOREIGN	76 CITIZEN OF WHAT COUNTS	MARRIED LI NEV		9 BALTIMORE CITY O	R COUNTY OF DEATH	
7	CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER	DIVORCED [12a USUAL OCCUPATR		MD. BUSINESS OR
1	E	red.	Meridia,	n No Ho	me	BOOLLEY	WORKING LIFE) INDUSTRY	10
	le 5	TAMUA. 136 COUNTING HOME OR			DE CITY LIMITS?	1320 Ro		1100
1	TA	THER'S NAME FIRST	MIGNE UST	15. MOTH	FIRST	MIDDLE MIDDLE	, w	
16	77	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO 11 AO	nna RMANT	ADDRE	7 = 41	ec
			213-16	5-1663 Bu	19855,1	water	3628 Per	Rd.
F	П	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	1	Cal	no Kirn	APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
			E CAUSE (0) COnge	stive hear	rt tall	ure		neek
		Conditions, if any, which	DUE TO, OR AS A CONSEC	OUENCE OF	nfarct	ion	2	WKS
	1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	(2)			
		underlying cause last	(c)					
	Z I	alzhelmer			ATED TO THE TERMI	nal disease or cone	DITION GIVEN IN PART 110	
3	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI		RFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	GS USED OF DEATH?
				Inches		YES NO	YES	NO []
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	W INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE OF INJURY	19 211 LOC	ATION	CITY OR TO	wn COUNTY	STATE
1	2	NOT WHILE	(AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC)	INEEL	CIIVORIO	VN (00)411	31476
		226.1 certify that (1) (thus hospit	APP I AN I	0-	. 19 84			hat (II (wa) last
		abave, (1) (we) (did) (did na 22). SIGNATURE	t view the body after death.	DEGREE	my) (cos) opinion o	seam accurred an the ad	te and have and from the c	
		Rathleen	W. Stern	HD	ATTENDING PHYSICIAN	MEDICAL STAF	F _ 5-12.	2/87
		224 PHYSICIAN'S NAME TTYPE O		27e ADD	RESS	0 B	, ,	110
1		Kathleen u	0.5.	D 610			unswick, t	10. 21716
23	Je. fil	URIAL, CREMATION, REMOVAL	23b DAJE / 2	NAME OF CEMETERY	OR CREMATORY	23d OCATION	- COUNTY /	. 4
	1	54 m. a	15/201871	Hart Hei	chtr	Brunt	Frod.	m
24	1 FU	NERAL DIRECTOR	5/24/87 1	etersuille	O ACTO DATE	Drunk	Pred.	Md.

DHMH - 16 60M 7/84

FOR

(VRA 15, 4)

Follow / Low Fe 7 Store Fred. Meridian norma Gottesper Ald Ford Knox - & Har Resement Dover Harmon L. Philipped and Company Seast Market Leading and Company Seast Market Marke Survey Stanfar for I region court inches the to the welling sound in the west of the west to the state of the state

TO HOSETALOR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the haspital or attending physician.

BP.

053430 MAY

STATE OF MARYLAND	E OF MARYLAND
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2	7	i	23	-	3	
,	REG. NO.	1				-

	FOR STATE REGISTRAR		CERTII	HEALTH AND MENTAL HYG	IENE 8 / REG. NO.	144	3 2
	CEASED NAME FIRST AUSTI	N CLIFFOR		Powell	May 7, 1987		26 HOUR 12 SOP
	Male	White	MONT		73	YRS MONTHS DATS	HOURS MIN.
100	IRTHPLACE (STATE OR FOREIGN) COUNTRY) Maryland	U.S.A.	MARRIE WIDOW	D NEVER MARRIED DIVORCED	Prederick		M
/	Frederick	11. NAME OF HOSPITAL, NURSI HENOT INSUCHEACHLY, GIVE STREE FREGETICK	NG HOME (OR OTHER INSTITUTION Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Contractor	WORKING LIFE) INDUSTAN	of BUSINESS OF rhanging ractor
130 5	AL RESIDENCE (IF NURSING HOME OF C STATE 136 COUN' Maryland Fre		MN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2 20 East Ni		
	James K.	Powell LAST		15. MOTHER'S MAIDEN NAME Sadie		Misner	
160 V	WAS DECEASED EVER IN U.S. ARM YES MOOR UNKNOWN) (IF YES GIVE NO	ned FORCES? 166 SOCIAL SEC war or dates) 214-18-		Mrs. Annabel	ADDRESS	20 East Na	inth Str
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO	DEATH BUT			TION GIVEN IN PART 1:	
RTIFIC					YES NO	IN CERTIFYING CAUSES	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH (DAY YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY)	IN ITEM 18 PART (OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220 I certify that (1) this haspital) attended the deceased from 5/7, 19/87, to 5/7, 19/87, thou (we) lost sow the deceased alive an above. (1) we) dig) (did not) view the body diter death. 22b. SIGNATURE 12c. DATE SIGNED						
18	THE PHYSICIAN'S NAME OF OR JOHN	In A. Vitaul	6 1	A 7	MEDICAL STAFF DIRECTOR PHYSICIA	m 5/	487
	BURIAL, CREMATION, REMOVAL	236. DATE 236. May 9, 1987 M		vet Cemetery	Frederick,	Frederick,	Maryla
24. FL	Smith, Keeney a	and Basford Fune Street Freder	eral H	ome Md. 21701	AY 1 1 1987	Julia Devides	

DHMH - 16 60M 7/B4 (VRA 15, 4)

10 FUNE ALL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 sharing the detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 bad 2 shauld be filed with m72 hours after death with the first body of Health and Mental Hygiene prior to burial, cremation, or removal.

The property of the desired the second of th the force of the same of the s LOTE to puth their point than 255 TAX are selled in large O. Crow etc. although Department Contracting, two Lander Contraction THE THE PARTY OF T

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

119	FOR 7STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B REG. NO	1 4	along	5 5
	CEASED NAME	FIRST	1	MIDDLE	ė.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(TYPE	OR PRINT)	Clowni	.e	Earl	REE	D, Sr.		3, 1987	7	7:40 M
3 SE	X	4. F	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UND	DAYS	IF UNDER 24 HRS
	Male		Whit	te	Mar .	10, 1909	78	YRS		NAME.
1	RTHPLACE (STATE OR COUNTRY) West Virgi		U.S.	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OF Preder	RCOUNTY OF DE		MD.
T	nurmont		11239	Putman R	oad	OR OTHER INSTITUTION	(199E OF WORK FOR MOST O Carpent	F WORKING LIFE! IN	DUSTRY	F BUSINESS OR LOCATION CO
13a S	AL RESIDENCE IF NUR STATE Maryland	Treder	ick	GIVE RESIDENCE BEFORE 134 CITY OR TOW THURSDOM		13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS Pu	zip code tman Road	d, 2	1788
14 F/	Clownie	Ry	ssell	Reed		Leona FIRST	Josephin	e	Rec	
160 N	WAS DECEASED EVER YES, NO OR UNKNOWN)	None		215-14-4	_	Clownie E. R.	eed, Jr.,		tman Ma	Road
A SOUTH	Conditions, if any gove rise to im cause (a), stati underlying cause	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R					INAL DISEASE OR CON	DITION GIVEN IN	PART III	nuis
MEDICAL CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDITION FOR WHICH OPERATIO			N WAS PERFORMED	206 AUTOPSY?	206. IF YES, WER		
CAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	IH .		AY YEAR	21c. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITE		RY IN ITEM TO PART I OF	PART 2)	
MEDI	WHILE NOT WE AT WORK	HILE [I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn co	YIAUC	STATE
	22a.1 certify that (I saw the decease above, (I) (we) (ed alive on		19_		nd that in (my) (our) opinion	, to death occurred on the de	ote and haur and l	rom the	1
	The SIGNATURE	AME IN OUR	dali	1-M	W	ATTENDING PHYSICIAN	MEDICAL STAI	FF C	DATE	26/87
	THE PERSON NAMED IN COLUMN TO THE	ASSESSMENT OF THE PARTY OF THE	and a			TTE MUDICESS			- 1	1

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health MPORTANT: If Hem 21 is

Smith, Reeney and Basford Funeral Home
106 East Church Street, Frederick, Md. 21701

Dr. Will's J. Riddick, M.D.

23a. BURIAL, CREMATION, REMOVAL

Burial

HealTsville, Montgomery, Maryland May 26, 1987 Monocacy Cemetery 250 DMAY 2848E4987 256 ASUSTRADES ENATURALLE

Parkview Medical Center, Frederick, Md. 21701
ETERY OR CREMATORY [234 LOCATION]

. The Later Street le l , Jenob doite les . of marriage for the second 197425 that fine by ACCCC - E Access to the Probert | beargers: Company and the Company of the Compa The second of th The Experience of the Control of the And Street Control of the Control

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STATE OF MARYLAND

8	REG. I	10.	4	distrig	3	e Tor
DATEO	EDEATH	MONTH	DAY	VEAR	75 HO	L(D)

	1-	STATE REGISTRAR			DEPART		ICATE OF DEATH	B /REG. N	0.	4 64	5 4
		CEASED NAME OR PRINT)	KALI	,	CHRISTI.	1	RIDGLEY	May 2, 19	MONTH DAY	YEAR	8 7 am
	1 SEX	x emale		4. RACE Caucas.	ian	5. DATE O	F BIRTH 1986	6 AGE (IN YEARS LAST BIR		THS DAYS	IF UNDER 24 HRS
5	7a. BII	RTHPLACE ISTATE OF	R FOREIGN	16. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORECITY C	R COUNTY OF		MD,
9	F.	rederick		Freder.	HEACILITY, GIVE STREE	rial H	OR OTHER INSTITUTION Hospital	120 USUAL OCCUPAT 11YPE OF WORK FOR MOST OF Infant		126 KIND OF INDUSTRY NOI	BUSINESS OR
1	IJa 5	al RESIDENCE (IF NU aryland	136 COU	other institution, NTY lerick	13c. CITY OR TOV	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 7692 Anvil		/21701	
10	/ c	ATHER'S NAME		MIDDIE Cence	Ridgle	_	Sheryl	Dawn		ing LAST	
1		VAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES?	None	URITY NO.	Carl L. Rid	-	Mivil Di	1. 217	O I
	HON	Conditions, if an gave rise to ir couse (a), statunderlying cou	mmediote ting the se last.	DUE TO, OI		JENCE OF DEATH BUT		MINAL DISEASE OR CON			
	CERTIFICATION	9a. DATE OF OPER			TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W IN CERTIFYIN YES	IG CAUSES C	
/	MEDICAL CE	220. I certify that (CAUSE OF DE	HOUR A. P. 21e. PLACE ((AT HOME STR	M. MONTH E M. OF INJURY REE1, FACTORY, OFFICE, e deceosed Iram,	FARM EIC)	211 LOCATION STREET 211 LOCATION STREET 19 20 and that in (my) (our) apinion DEGREE M.D. ATTENDING PHYSICIAN	city ORIC	9 8 9 9 gate and haur on	the from the co	
1		226. PHYSICIAN'S I	NAME (TYPE C	PR PRINT)	RRIGI	オ	FOI Tol.	I House 1	, ,	edern	,
	B	BURIAL, CREMATION SPECIFY) BUrial	I, REMOVAL	May 4,	1987 M	1t. 01:	ivet Cemetery	The second secon	and the second second		
1	32	DIFFERENCE SOR	release	-	1201	N. Ma:	rket St. 250 DA	TE REC'D. BY REGISTRAR	750 REGISTRAD	SSIGNATU	JRE

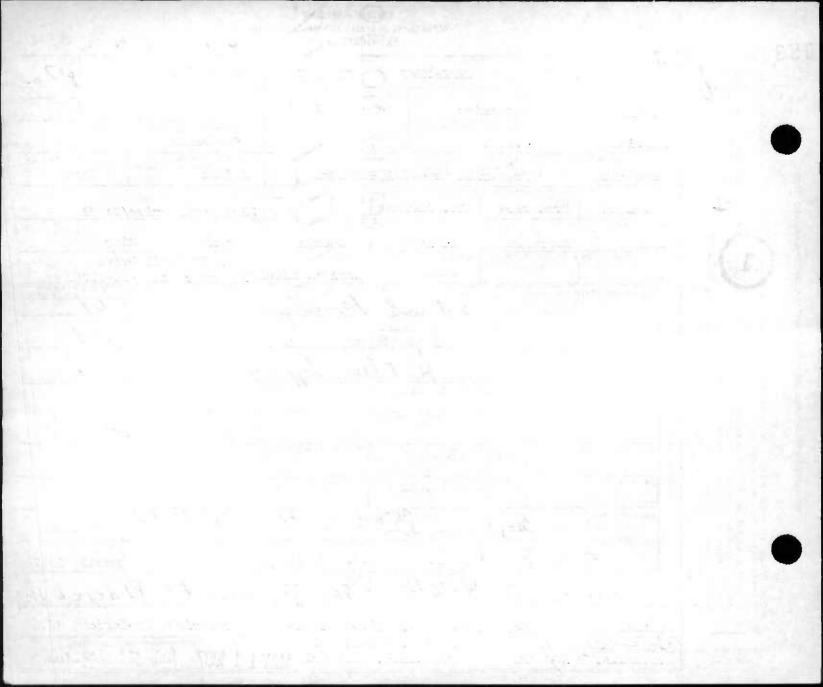
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, Ahr should be detached for use as with the State Dept, of Health

MPORTANT, if leep 21 is marked or them 18 shows only injury, or oth

R.E.DAILEY & SON, PA

Frederick, Md.21701 MAY 1 1 1987 Julia Davidson Rondock



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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shares any injury, or other traumatic event, the medical

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STATE OF MARYLAND

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4	REG. NO.				

20	17	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	IENE 8	REG. NO		4 4	3	5
		CEASED NAME FIRST OR PRINT) Hat	ttie	Virginia		RIPPEON	20 DATE OF		, 1987		26 HOUF 7:1	5 A.
	3. SEX	Female	4 RACE Whit	e	S. DATE O	р Б в в в в в в в в в в в в в в в в в в	6 AGE TINY	76	YRS.	UNDER I YEAR	IF UNDER 3	MIN.
5	C	RTHPLACE STATE OR FOREIGN COUNTRY) Maryland	U.S.A.		WIDOWE				countyo	ounty,		MD.
1		TY OR TOWN OF DEATH Frederick	reder	ICK TEMO	rial	Hospital	12a USUAL C	DECUPATION REPORT OF THE PARTY	WORKING LIFE)	126 KIND OI INDUSTRY Priva		
5	13a S	Maryland Fre		ive residence before a 3c. CITY OR TOWN	4	YES NO			ZIP CODE	21701		
1		Alexander	MIDDLE S.	Ripp		Clara	ME	MIDDLE M. ADDRES		ogle	t	
1		No No	e war or dates)	578-48-1	437	Mrs. Eleanor	Free,	1117	Rocky	Sprin	ngs R	oad
	2	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate cause Iol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, CIT (b) DUE TO, OR A	AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM	posses	ble a	Ligition Given	MIO	ye www	Thy the
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITIO	ON FOR WHICH O	OPERATIO	N WAS PERFORMED	20a AUTC	NO NO		WERE FINDIN		H?
Z		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	INJURY . MONTH DA'	Y YEAR	21c HOW INJURY OCCURR	RED (ENIER NA	TURE OF INJURY	IN ITEM 18 PAR	TIORPART2)		
	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF	F INJURY T, FACTORY, OFFICE, FA	IRM, ETC)	211. LOCATION STREET		CITY OR TOW	IN .	COUNTY	ST	ATE
1		270.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 27b. SIGNATURE 27d PHYSICIAN'S NAME (MPEC Dr. Rex. R.	t) view the body di	Iter death 19 &	- (nd that in (my) (our) opinion of DEGREE MD ATTENDING PHYSICIAN [172e ADDRESS] 220 North Ma	MEDICAL DIRECTOR	STAFF	F IAN 🗌	S-/	SIGNED 1/2	7
4	24 FU	Burial Burial UNERAL DIRECTOR Cult Smith, Keeney a	May 13, and Basfor	1987 Fai	irmou	emetery or chematory int Cemetery 250. Date	23d LOCA	ation or town rtyto	wn, Fr	county ederic	k, M	arylan

• 4 7 - 1 . . . I bringe dam, arath language language language deliminate delimi DMC Dollar in sections to beneat boulegran Alexandum Company Company the retire what the AND THE PARTY OF T 220 Person December, D. D. 220 Person plant December 2 person of the contract to be the control of the control of

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician. rel director, page 3

Page 4 may be

STATE OF MARYLAND

ALTH AND MENTAL HYGIPHE

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0	REG. NO.	-1	

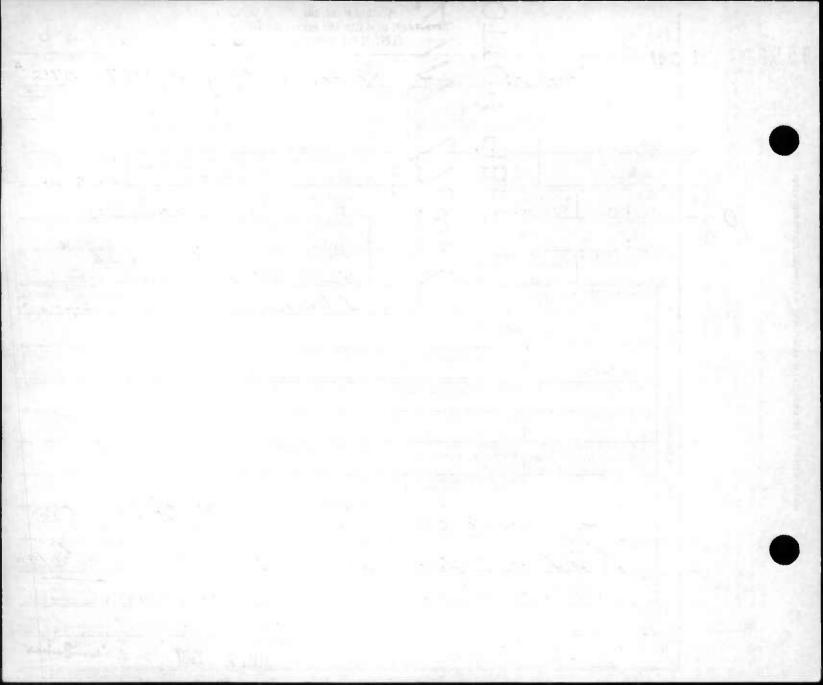
	1-	STATE REGISTRAR		DEPAKIN		ICATE OF DEATH	8 / REG. N	1 4 4	36
-	1, DEC	EASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY YEA	AR 2b HOUR
	(TYPE	Lozzi	se	Wilhide	大	outzahn	Maya	9,1987	0712 4
	3. SEX		4 RACE)	5. DATE C		6. AGE (IN YPARS LAST BIR		EAR IF UNDER 24 HRS
		Female	u	hite	July		70	YRS	
7		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	4
2		arvland	US.A		WIDOWE		Freder	rick	MD.
11	10 CI	TY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b KIN	ID OF BUSINESS OR
1	F	rederick		ck Memori		spital	Cafeteria		of Ed.
-		L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		AUMISSION)		13e STREET ADDRESS		
2			lerick	Myersvil		YES NO		Street/2177	3
3	14 FA	THER'S NAME				15. MOTHER'S MAIDEN NAM	WE		
2	C	lvde	C	Wachte	1	Elsie	M.	Wi	lhide
	16e W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		Martin Road	
	N		E WAR OR DATES)	217-10-03	370	Mary Ann Morg		burg, MD 21	
	7.1	18 CAUSE OF DEATH (Enter or	lu nne enuse ne	line for (a) (b) and	raini -		, Dinzerio		EEN ONGE AND DEATH
		PART I. DEATH WAS CAUSE	D BY:	Corner		of Colon	/		242000
		IMMEDIA	E CAUSE (a)			1	111111111111111111111111111111111111111		-
		Conditions, if ony, which	(R AS A CONSEQUE	NCE OF				
		gave rise to immediate cause (a), stating the	(p)_						
		underlying cause last.	DUE 10, O	R AS A CONSEQUE	NCE OF				
		PART 2 OTHER SIGNIFICANT (ONDITIONS	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PAR	T 110
	O								
0	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	VDINGS USED
/	TIF						YES NO	YES []	NO [
5	CER	210. ACCIDENT WAS UNDERLYING	110110	OF INJURY .M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART T OR PART	(2)
7	AL	OR CONTRIBUTING CAUSE OF DE.	NIN .	.M. MONTH DA	19	7, 32 1			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	cots de se	wn count	Y STATE
	×	ALWOOD ALWOWN	(AT HOME ST	REET, FACTORY, OFFICE, F.	ARM, ETC }	SINCE	1	, -	
		22a. I certify that (I) Unis hospi	tal) attended th	ne deceased from_		78/ 19		29/819	that (1) (va) ast
		sow the dept. Nive on	5/2	9 9 P	, or	nd that it implicator) apinion o	death accurred on the d	late and hour and from	the causes stated
	33	22h SIGNATURE	1) view life body	Offer dearn.	1	LE GREE		22c. D	ATE SIGNED
		Kitch	7/	Cohen	1	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (5/29/87
1		22d. PHYSICIAN'S NAME (TYPE C	RPRINT)	1	1	22e ADDRESS			1-1107
/	10	Robert L.	Kaufmar	n. M.D.		804 Toll Ho	ouse Ave., I	Frederick.	MD 21701
1	23a B	URIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d LOCATION	,	
	-	remation	5-29-	-87 Smi	thshi	rg Crematoriu	m Smithsbur	g Washingt	on Mary land
	24 FV	NEVAL DIRECTOR /	a birts	2		250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	NIATURE
14	Ri	cketts/Funeral	Home M	versville	. MD	21773	IIIN 2 198		for Rendallo

DHMH - 16 60M 7/8

BP.

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

(VRA 15, 4)



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herol director, page 3 n 72 hours offer death

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT

AL HYGIENE	-	. 9
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0111	L R	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	4	9 /	
1		CEASED NAME	FIRST		MIDDLE	0	AST DO	20. DATE OF DEATH		YEAR	26 HOUR	U
	TYPE	OR PRINT)	Cla	vence i	William	20	haetter		May 19	1957	2.45	PM
1	3 SEX	(-	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	HOURS /	MIN
	-	ale		White		Marc	h 3, 1906 YEAR	81	YRS.		HOURS	m IIV
1		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
1		Maryland		USA		WIDOWE		Frederick	County			MD.
	10, CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATI		126 KIND O	F BUSINESS	OR
		rederick			rick Memo		Hospital	Custodian		Scho	ol	
0	USUA 13a. S	AL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE			
A	Ma	aryland		erick	Brunswi		YES NO	501 Walnu		t / 2	1716	
1	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME				
		William		eodore	Schaef	fer	Bessie	Jane		Aul	t	
		AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRE	55 501 W	alnut	Stre	et
		res, no or unknown)	(IF YES, GIV	E WAR OR DATES)	212-03-3	356	Maude L. Sch	aeffer - Br	unswick	. Md.	2.71	6
		18 CAUSE OF DEAT	The Forest Control	1			Thade D. Cell	idelici Di	and the		MATE INTERVA	
ı		PART I. DEATH V	VAS CAUSE	Ď BY:	(ine ror to), (6*, 6)	2 10 00	ic Obstv	active Pul	Monary		PAVE	AIH
ı		2.6	IMMEDIA	TE CAUSE (o)		14 0	10 001		Seen	7	ENVE	_
1				DUE TO, O	R AS A CONSEQUE	NCE OF		D	iseve			
1		Conditions, if ony gove rise to im-		(b)_								
1		couse (o), stotil	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF						
		underlying couse	e lost.	(c)								
	z	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	,	
	CERTIFICATION			1					Ten muse			
1	O.	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W			?
	Ē			25-79				YES NO NO	YES [NO 🗌	
		210. ACCIDENT WAS UN	-	216. TIME O	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)		
	\ S I	(IF EITHER NOTIFY MED			M.	19						
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY	4844 F7C \	211 LOCATION	CITY OR TO	IWN	COUNTY	STAT	TE.
	2	WHILE NOT W	HILE DRK	(ATTIOME ST	EET, FACTORT, OFFICE, F.	ARM, ETC. J						
		22a.1 certify that (1)	(this hospi	tol) ottended th	e deceosed from_	Ma	V 13 1987	10 May	19 195	87	that (I) (we) lost
				May ot) view the body		F7 or	nd that (m) (our) opinion	death occurred on the d	ote and hour on	nd from the	couses state	d
-		226. SIGNATURE	dign (did no	or) view the pody	offer deofh		DEGREE			22c. DATE	SIGNED	
		-)	1/ 10	Vin-	n-P	/	4. (MEDICAL STA	FF COLUMN	5-	19-8	7
Н		22d. PHYSICIAN'S N	AME TIME	10 PPINT)	pros.		22e ADDRESS	DIRECTOR PHYSIC	IAN		10	_
		The state of the s		MILLANIT				4 AUS D		1.2	11.3	
		-	1/1	4 CAO!				4 AUG, C	runcu	ICK	MA	
		URIAL, CREMATION,	REMOVAL			1100	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STA	16
	Bu	urial		5/22/8	37 Un	ion C	emetery	Lovettsv				ryi
	24 FU	INERAL DIRECTOR					25e DAT	E REC'D. BY REGISTRAR	25 REGISTRAF	R'S SIGNAT	LIRE _	

DHMH - 16 60M 7/84 (VRA 15, 4)

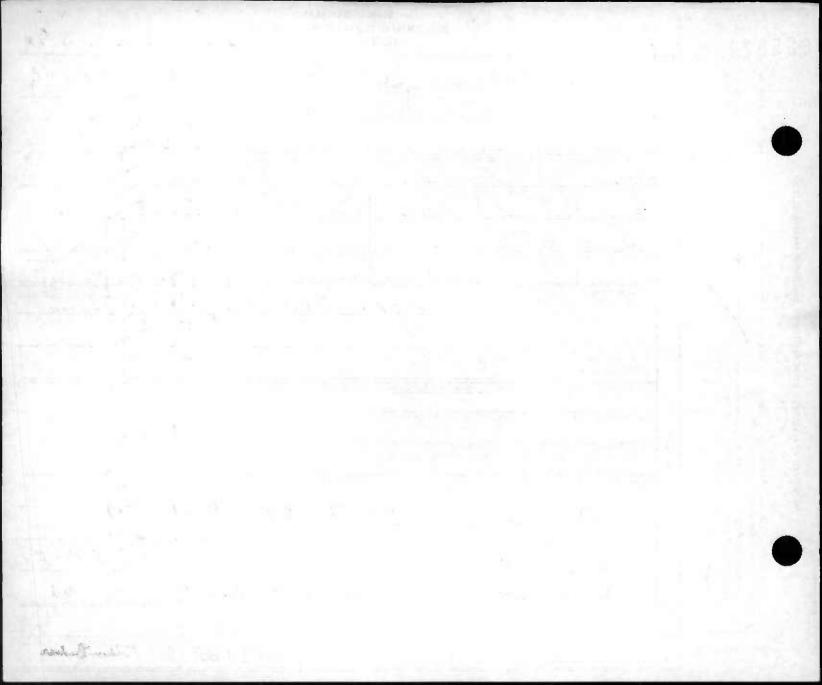
retoined by the hospitol or

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other tro-TO FUNERAL DIRECTOR: After this certificat: the expension between please removed be detoched for use as the burial-transit permit. Then please removing the State Dept. of Health and Mental Hygiene prior to Burial, cremat

John T. Williams Funeral Home Brunswick, Md.

250 DATE REC'D. BY REGISTRAR 25) REGISTRAR'S SIGNATURE
MAY 2 8 1987 Julia Decider



STATE OF MARYLAND

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. A. B. T.

Julianson hity sutaine city limits(to Et. aud.) contractor Contractor

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F79-03-2201 Derothy H. Mc rollield Same Na # 13

with the order of the order.

Lillaboro, W.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	6 REG. NO		4 64	5 4
I. DECEASED NAME FIRST		MIDDLE		LAST		MONTH DA	AY YEAR	26 HOUR
JESSE		MURRAY		SIEGER	May 10, 19	87		1:45 p
3 SEX	4 RACE		5. DATE (6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
Male	Cauca	sian	Jan.		85	YRS	5.415	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY C	OF DEATH	
Maryland	U.S.A		WIDOW	DIVORCED	Frederick,		100	MD
Frederick	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET TICK MEMO	ADDRESS)	OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Ret. State	F WORKING LIFE)		None
USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b CO Maryland Fre		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Freders	N	YES NO 🛣	134 STREET ADDRESS A		re/2170)1
I4 FATHER'S NAME Daniel	MIDDLE	Sieger		15. MOTHER'S MAIDEN NAM	AE MIDDLE	Unkn	own LAS	.7
160 WAS DECEASED EVER IN U.S. A NO OR UNKNOWN) (IF YES. O	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 213-26-0		Mrs. June Pho	oine		se Driv	7e
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN	(c)	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERMIN	nal disease or coni	DITION GIVE	N IN PART 1:0	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		4	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DEATH HOUR A.	M. MONTH DA	19	216. HOW INJURY OCCURRE			COUNTY	STATE
220.1 certify that (11) this has sow the deceased give obove. 91 (we) (did Noid	pital) attended th	e deceosed from_	Jan 87,0	nd that in m) (our) opinion d	eoth occurred on the do			
22d. PHYSICTAN'S NAME (149	Crul E OR PRINTI	und	1	M.D. ATTENDING PHYSICIAN X	MEDICAL STAF	IAN 🗌	5-10	0-1987
Leonard Kinl	and, M.D			Medical Cent	er Brunswic	ck, Mai	ryland	21716
230 BURIAL, CREMATION, REMOVA	23b. DATE 5-11-1			burg Crematory	23d LOCATION CITY OR TOWN Smi thsbu			

DHMH - 16 60M 7/84

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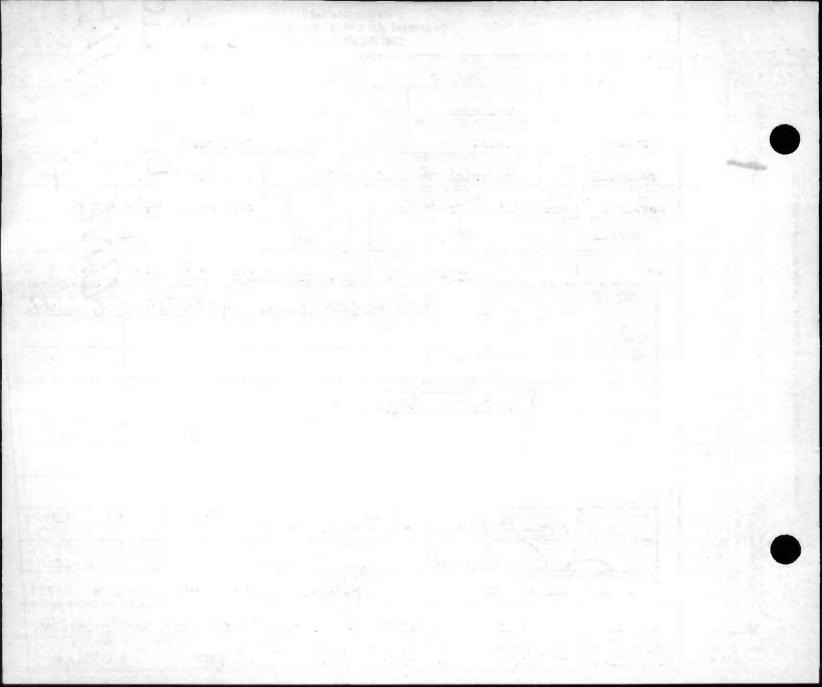
10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and the house detached for use as the busial-stansis permit. Then please remove carbon papers. Page — in the State Dept. of Health and Mental Hygiene prior to busial, cremation, as removal. M-Off Land If them 21 is morked or them 18 shows ony injury, or other troumatic event, the

R.E. DAILEY & SON, P.A. (VRA 15, 4)

FOR

1201, N. Market St. Frederick, Md.21701

MAY 12 Mia Davidson Randoll

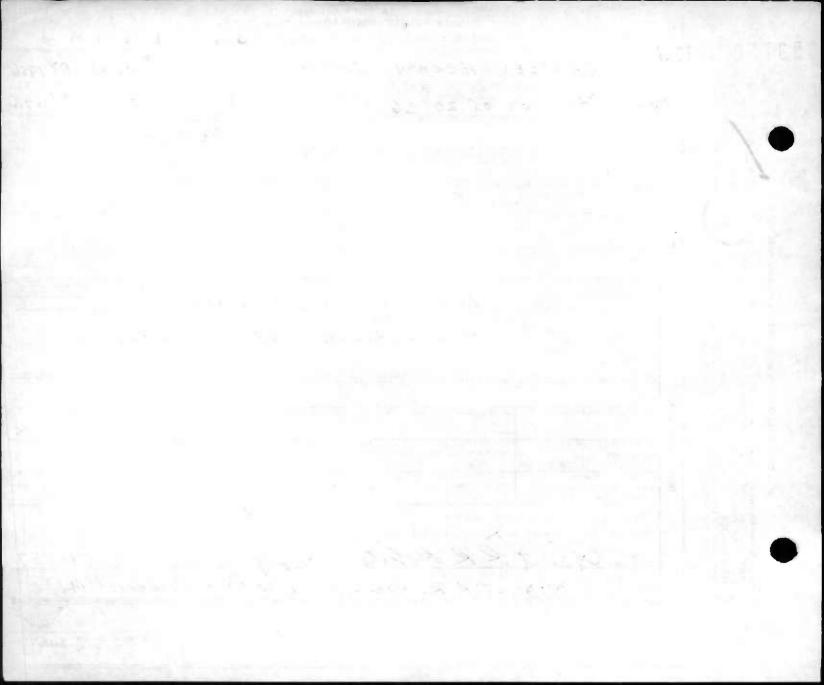


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR E EASED NAME O DATE KNOWN X MONTH (TYPE OR PRINT) HERMAN CHARLES SMITH ESTI-DEATH MATED 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) VEAD CAU PRONOUNCED 07 05 20 DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY! FREDERICK MARYLAND WIDOWED X DIVORCED ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) 2143 WARNER RD KEYMAR ANIMAL CARETAKER MUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS2 1130 STREET ADDRESS 13g STATE 136 COUNTY 13c. CITY OR TOWN NO X MARYLAND FREDERIC KEYMAR YES [12143 WARNER RD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE FLOYD HAMILTON SMITH ELSIE RAPPUHN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 5812 DRAWBRIDGE CT. IYES, NO. OR UNKNOWN LIE YES GIVE WAR OR DATES! WWTI |218-07-1066 VIVIAN E. GROVE FREDERICK. MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY ACUTE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF HYPERTENSIVE HEART DISEASE Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X ARDED TO THE CHACK 3 SHOULD BE USE DEPARTMENT. 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME, 21L LOCATION STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK NGE 4 SHOULD BE FORM O FUNERAL DIRECTOR, P FIRE DEATH, WITH THE ST ALTIMORE, MARYLAND, 3 Inspection X 22a. I certify that I took charge of the remains described obave, held an Autopsy and in my apinion Notural couses Accident Homicide . Undetermined monner death resulted fram-Suicide TITLE (SPECIFY) ACTUAL SIGNATURE 15 w 774 St Frederick Md EXAMINER'S NAME ROBERT R. R. ROBERTS (TYPE OR PRINT) 0 23a BURIAL, CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY FREDERICK 5/16/87 RESTHAVEN MEM. GARDENS FREDERICK MD BURIAL 07/84 24. FUNERAL DIRECTOR 256, REGISTRAR'S SIGNATURE Wordson Kindall **DHMH - 17**

WOODSBORO, MD

D. D. HARTZLER

(VR A15 ME (5))



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moy be

funeral director, page 3 thin 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

8	7 REG. I	10.	4	birm.	6
O DATE	OF DEATH	MONTH	DAY	YEAR	T

REGISTRAR		DEPARTI	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	4 4 4
I. DECEASED NAME	MARY	MARIE	STILLRICH	20 DATE OF DEATH MONTH	9 87 E
3. SEX	4 RACE	777.0	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDE
Female		ite	08 30 15	- 71 _{YRS}	MONTHS DAYS HOURS
Maryland		OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	limedam av	
Frederick	Frede:	OF HOSPITAL, NURSIN NSUCH FACILITY, GIVE STREET PICK MEMOTI	NG HOME OR OTHER INSTITUTION APPLESS! Hospital	120 USUAL OCCUPATION (TABLE OF WORK FOR MOST OF WORKING LE	12 KIND OF BUSIN
SUAL RESIDENCE (IF NUE	136 COUNTY Frederic	TION GIVE RESIDENCE BEFORE 134 CITY OR TOW 17 POLETIC		'5913 Butterify	Lane, 2170
FATHER'S NAME Harry	WIDDLE	Bidding	ger Carrie	NAME MIDDLE	Keeney
NOS DECEASED EVE	IN U.S. ARMED FORCE		John D. Sti	llrich, Frederick,	Drive Md. 21701
		O, OR AS A CONSEQUI			
	mediate ing the DUE TO), OR AS A CONSEQUE		rminal disease or condition giv	/EN IN PART 1:g
gove rise to in cause (a), stot underlying cause	mediate ing the last DUETO	S CONTRIBUTING TO		20a AUTOPSY? 20b IF YE	VEN IN PART 1:0 S, WERE FINDINGS USE FYING CAUSES OF DEA
PART 2 OTHER SIGNAL PROPERTY OF THE PROPERTY O	Imediate and the last	O, OR AS A CONSEQUE S CONTRIBUTING TO ATTURE AE OF INJURY R. A.M. MONTH D.	DEATH, BUT NOT RELATED TO THE TE TOO OPERATION WAS PERFORMED WAY 21c HOW INJURY OCC	20a AUTOPSY? 20b IF YE	S, WERE FINDINGS USE FYING CAUSES OF DEA ES NO
GOVE rise to in cause (a), stoft underlying cause (a), stoft underlying cause (b). The cause (a) and a cause (INDERILYING 21b. TIN HOUR OICAL EXAMINER) RRED 71e. PLA	O, OR AS A CONSEQUE S CONTRIBUTING TO I ATTURE ONDITION FOR WHICH AE OF INJURY	DEATH, BUT NOT RELATED TO THE TE	20a AUTOPSY? 20b IF YE IN CERTII	S, WERE FINDINGS USE FYING CAUSES OF DEA ES NO [PART L'OR PART 2)
PART 2 OTHER SIGNATURE OF CONTRIBUTING COUNTY OR CONTRIBUTING CIFETIMEN MOTHER AT WORK AT WORK 220.1 certify that	INDERILYING 21b. TIN HOUR OICAL EXAMINER) RRED 71e. PLA	O, OR AS A CONSEQUID S CONTRIBUTING TO INTERIOR OF INJURY A MONTH D. P.M. ACE OF INJURY E. STREET, FACTORY, OFFICE, F	DEATH, BUT NOT RELATED TO THE TE	200 AUTOPSY? 206 IF YE IN CERTII YES NO AUTOPSY? YE URRED (ENTER NATURE OF INJURY IN ITEM 18	S, WERE FINDINGS USE FYING CAUSES OF DEA S NO PART LORPART 2) COUNTY
Gove rise to in cause (a), stody underlying cause (a), stody underlying cause (b) underlying cause (b) underlying cause (b) underlying cause (b) underlying (c) (b) underlying (c)	DUE TO THE TOTAL	O, OR AS A CONSEQUID S CONTRIBUTING TO INTERIOR OF INJURY A MONTH D. P.M. ACE OF INJURY E. STREET, FACTORY, OFFICE, F	DEATH BUT NOT RELATED TO THE TE	VERED (ENTER NATURE OF INJURY IN TIEM 18 CITY OR TOWN To death accurred an the date and have	S, WERE FINDINGS USE FYING CAUSES OF DEA S NO [PART LORPARI 2) COUNTY
Gove rise to in cause (a), stot underlying cause	DUE TO THE TOTAL	O, OR AS A CONSEQUE S CONTRIBUTING TO INTERIOR ONDITION FOR WHICH AE OF INJURY R. A.M. MONTH D. P.M. ACE OF INJURY E. STREET, FACTORY, OFFICE, F	DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY? 20b. IF YE IN CERTIL YES NO PARTIE NO PARTI	S, WERE FINDINGS USE FYING CAUSES OF DEA S NO COUNTY 19 27, that Or ond Irom the causes st
Gove rise to in cause (a), stody underlying cause (a), stody underlying cause (b) underlying cause (b) underlying cause (b) underlying cause (b) underlying (c) (b) underlying (c)	INDERLYING 19b CO	O, OR AS A CONSEQUE S CONTRIBUTING TO A CONTRIBUTING A CONTRIBU	DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY? 20b. IF YE IN CERTIL YES NO PAYON YES NO PA	S, WERE FINDINGS USE FYING CAUSES OF DEA S NO [PART 1 OR PART 2) COUNTY 19 8 2 that 10 70 and from the causes st 271 DAY SIGN D 5/17/8; COUNTY COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

grif ene de bronner. Dest energie de la company de l'establishe de l'establish THE PARTY OF THE RESIDENCE SECTION OF BRIDE Detail the second of the late The state of the s and suffered that I see that the state of the Lists, on fair, 25 th order 1.5 of the convenience, evening dispersion Line for the control of the control

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mental director, page 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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		4	ale of	and the	2
REG. NO.	•				

REGISTRAR			REG. NO	O
I DECEASED NAME	THY DOUTEN	STROHSACKER STROVS JCKG	20. DATE OF DEATH	5 31 87 720/
3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONIHS DATS HOURS MI
Male	White	17 77 A	1 85	YRS.
BIRTHPLACE I STATE OF OREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
Germany	USA	WIDOWED DIVORCED		ick County,
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126 KIND OF BUSINESS
Frederick	Frederick Mem		Owner	Motel
130. STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 134, CITY OR TOW Mt. Air	N 13d. INSIDE CITY LIMIT	13. STREET ADDRESS /	ZIP CODE dale Blvd. 21771
14. FATHER'S NAME FIRST unknow	n Strohsack	IS MOTHER'S MAIDEN	unknown	LAST
160 WAS DECEASED EVER IN U.S.		JRITY NO. 17 INFORMANT	ADORE 2 O	633 Purdum Rd.,
(YES, NO OR UNKNOWN) (IF YES,	159-07-3	540 Nancy S.	Hughes, Day	mascus. Md. 20872
18 CAUSE OF DEATH (Enter	only one couse per line far (o), (b), and	d (c).1	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a) CARDIO	VENIC SHO	CK	5 040
	(c)		ERMINAL DISEASE OR CONL	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CORE ETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF CORE OF CONTRIBUTION OF CAUSE OF CONTRIBUTION OF CAUSE OF CONTRIBUTION OF CAUSE OF CONTRIBUTION OF CAUSE OF CA	HOUR A.M. MONTH DA	AY YEAR 19 211. LOCATION	CURRED (ENTER NATURE OF INJUR	
1 = 1	(AT HOME, STREET, FACTORY, OFFICE, F	ADM STREET		
AT WORK AT WORK			CITORIO	3111
220. I certify that this has	pital) attended the deceased fram-	5-24 19	7. to 5	
220.1 certify that (1) this has saw the recognitive and the same and t	on and view the body ofter death.	DEGREE ATTENDIN PHYSICIA	nion death accurred an the da	te and have and from the couses stated 77c. DATE SIGNED
220.1 certify that (1) this has saw the received fine of the control of the contr	on 1 view the body after death. 19 S	DEGREE ATTENDIN PHYSICIA 27e ADDRESS	G MEDICAL STAF	19 27, the (we) I te and have and Irom the couses stated 77c. DATE SIGNED FIAN () 5-31-8
220.1 certify that (1) this has saw the recognitive or allowed by the control of	on and view the body ofter death. OR PRINT) AL 23b. DATE 23c. N	DEGREE ATTENDIN PHYSICIA	Thion death accurred an the do	te and have and from the couses stated 77c. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician as should be detached for use as the burial-transit permit. Then please remove corban papers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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pro-	8 87	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	SIENE 8 / REG. N	10.	4 4	4, 3
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	(TYPE	Alice	E1i	zabeth	SW	EENEY		y 22,		1302 M
	3 SEX	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RIHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Female .	Whit		May	6, 1895	92	YRS.		MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	PRALTIMORE CITY OF Frederi	_		
2		ryland		.A.	WIDOWE	D NORCED DIVORCED	12e USUAL OCCUPAT		-	MD.
		Frederick	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS	al Hospital	(TYPE OF WORK FOR MOST	OF WORKING	HEEL INDUSTRY	F BUSINESS OR
-	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		Homem		Hor	me
		ryland Fred	derick	Frederic		13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS 134 Wes			. 21701
i	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME	V 2.00		
		Samue 1	Wesley	Rodgers	5	first Anna	Sus	20	Nai:	
	16e V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU			obert F. Sw			
	(1	YES NO OR UNKNOWN] (18 YES GI	e war or dates)	213-74-8	3869	10694 Salem	Ave., Thur	mont,	Md. 217	788
		18 CAUSE OF DEATH (Enter or		line for (a), (b), and	d (c).)					MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (a)	ag	8				y	ions
			DUE TO, O	R AS A CONSEQUE	NCE OF					
		Conditions, if any, which gave rise to immediate	(b)_							
		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO E	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITIONG	IVEN IN PART TE	
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1	CERTIFICATION	194 DATE OF PERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN	OF DEATH?
4	ERT	210 ACCIDENT WAS UNDERLYING	7 216. TIME O	FINJURY		21c HOW INJURY OCCUR	YES NO D		PART 1 OR PART 21	NO 🗍
		OR CONTRIBUTING CAUSE OF DE	1111		AY YEAR					
۱	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
	W	WHILE NOT WHILE AT WORK	(AT HOME, STA	REET FACTORY, OFFICE, F	ARM, ETC)	SIREET				31410
		22a.1 certify that (1) (this hospi		4 100	3-2	67 195	2, 10	22-	4	that (I) (we) last
		sow the deceased alive an above, (1) (we) (did) (did no	t) view the body	ofter death.		nd that in (my) (our) apinion	death occurred on the c	late and ha		
		22b. SIGNATURE		Y		DEGREE ATTENDING _	MEDICAL STA		22c DATE	26.87
/		22d. PHYSICIAN'S NAME ITYPE O	M/W	bull	7	PHYSICIAN [DIRECTOR PHYSI	CIAN	17	0.0
		Dr. Rex		in MD		220 North M	larket St	Erad	erick A	W 21701
		BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	rieur		
	(Burio1	Bayle	9. 1987	Mt. (livet Cemeter	y Frederic	ck, F	rederick	Md.
		INERAL DIRECTOR INTERA	Remey	Vasford	Fune	ral Home 250 DAT	E REC'D. BY REGISTRAF	256 REGIS	TRAR'S SIGNAT	URE
	1	06 East Church	St., Fr	ederick,	Md. 2	21701 MA	Y 2 8 1987	Julia	Dindon	Pullin
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AY .	I DE (CEASED NAME	FIRST	N	SE TO	TAT 1	AST	REG. NO. 20 DATE OF DEATH MONTH 05/21/		26 HOUR	
	3 SE>			4. RACE BLACK		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 59	IF UNDER TYEA		24 HRS MIN.
35		RTHPLACE (STATE OR F		U.S.A.	VHAT COUNTRY?	WIDOW		9 BALTIMORE CITY OR COU FREDERICK			MD.
4	FR	EDERICK		FREDERT	CK"MEMORT	CALS) HO	OSPITAL	FOSTERMOTHER ORK		OF BUSINES YOME	55 OR
E	MID S	AL RESIDENCE (# NURS ITATE	FREDE		GIVE RESIDENCE BEFORE		YES NO	PISON APPRISA / ST	CODE	2176	2
0		THER'S NAME WILLTAM AF	RTHUR	BUTLER	LAST		EDITH C. (GREEN MIDDLE	1	AST	
1		VAS DECEASED EVER JES, NO OR UNKNOWN)			215-26-19		ROBERT L. BUT	FLER 11909	MAIN ST		
,	18 CAUSE OF DEATH lenter only one couse per line of (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATE OF CAUSED IN COURSE (b) IMMEDIATE CAUSE (c)										DEATH
		Conditions, if ony,		DUE TO, OR	AS MONSEQUE	NCE OF	omo of	lung	2	Jyr	
			couse (o), stoting the underlying couse lost (c) DUE TO, OR AS ACONSEQUENCE OF CAN CE							41	
	NOI	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION		Va.	
2	CERTIFICATION	19a DATE OF OPERA				OPERATIO	ON WAS PERFORMED	YES NO NO	FYES, WERE FIND ERTIFYING CAUSE YES []	NO [H?
9		216. ACCIDENT WAS UND OR CONTRIBUTING (FEITHER NOTIFY MEDIC	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEA	M 18 PART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURE WHILE NOT WHAT WORK AT WO	TILE [21e PLACE ((AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	51	TATE
2		220.1 certify that (1) saw the pieceas above (1) (we) (0	death accurred on the date and			re) last ited
		17h STORMURE	ist	lulle	noin	m.		MEDICAL STAFF DIRECTOR PHYSICIAN	ln1	May	181
/		MOYY!	S A	1.111	nson	np	700 N. Mo	rketST Fre	d. mc	7	
		SURIAL, CREMATION,	REMOVAL	23b. DATE 05/25	/87 RES	THAVI	EMETERY OR CREMATORY EN MEMORIAL GA	RD FREDERICK	FREDERI	CK M	D€

DHMH - 16 60M 7/84 (VRA 15, 4)

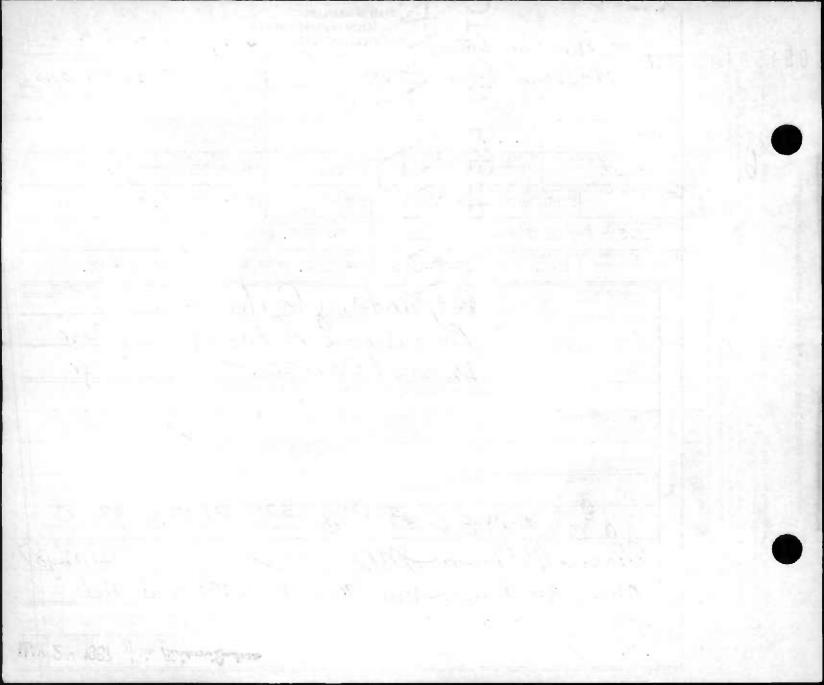
TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and or should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

O HOSPITAL OR ATTENDING PHYSICIAN. The

24. FUNERAL DIRECTOR
D. NAD. HARTZLER

LIBERTYTOWN, MD

250 DATE REC'D. BY REGISTRAR 256 REGISTRANS SIGNATURE 2861 0 Z XVIII



	STATE OF MARYLAND
OR .	DEPARTMENT OF HEALTH AND MEN

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REG. N	10.	3		-	

54	4 9 0 MAY 28	17	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE / REG.	NO. 2	ong bog	5
	ge 4 may be ector, page 3 rs after death				4 RACE	LiZAb		THOMAS 5477, 1893, 7 93	6. AGE (IN YEARS LAST	The same of the sa	FUNDER LYEAR IF	10:32 M UNDER 24 HRS OURS MIN.
•	death. Page	5	RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Frederi	ek Coun	ity,	MD.
1201	ours offer		TY OR TOWN OF DEA Frederick AL RESIDENCE (IF NURSI		Fred	H FACILITY, GIVE STREET	noria]	Hospital	12a USUAL OCCUPA (1YPE OF WORK FOR MOS Homemal	TOF WORKING LIFE)	12b. KIND OF BU INDUSTRY	USINESS OR
BALTIMORE, MARYLAND 21201	thin 24 ho	130. S Ma	ryland THER'S NAME	Fred	erick	Freder:	/N	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N		Second		
MAR	Par Table		Stephen		A.	Thomas	S	Eila	MIDDLE V	9	Thoma	as
TIMORE,	on and co s. Pages 1	16a W	VAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	213-48-		Mr. Raymond	Thomas, Fr	655Lee Frederick	, Maryla	and 2170
W. PRESTON ST.,	W. PRESTON ST., at the death certification by the attending physe remove carbon per cemoritan, or remover traumatic every other traumatic every		Conditions, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last.	DUE TO, OF	R AS A CONSEOU	ENCE OF	LEART I	VAS CULAS MINAL DISEASE OR CO		N IN PART 1/0	
AL RECO	N. The law rate from thysician. Icate has bee ransit permit. Hygiene prior	CERTIFICATI	190 DATE OF OPERAT				OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIFY		
DIVISION OF VITAL RECORDS, 201	HYSICIA Iding plans certif buriol-t Mentol or flem	MEDICAL CE	21a. ACCIDENT WAS UNDI OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEA	P.J	M. MONTH D M.	AY YEAR 19	211. LOCATION STREET	RRED (ENTER NATURE OF IN		COUNTY	STATE
DIVIS	TO HOSPITAL OR ATTENDING PRetoined by the hospital or attent TO FUNERAL DIRECTOR: After the should be detached for use as the with the State Dept. of Health and IMPORTANT: If them 21 is marked or the should be accorded to the	2	WHIE DOLL WHEE 170 I certify that (II) sow the decease obove. (I) (we fid 170 SIGNATURE 171 PHYSICIAN'S NA CEORGE	this hospited alive and lid) (did to	tot) ottended the	otter death.	7-0	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS		AFF SICIAN []	22c DATE SIG	GNED / P?
	PP	(SURIAL, CREMATION, F		May22,	1987 M	ount (EMETERY OR CREMATORY Cemete	ry Freder		ederick,	
	DHMH - 16 60M 7/84 (VRA 15, 4)	10	6 East Chu	th, K	treet,	nd Basfo Frederic	rd Fui k, Md	neral Home ^{25a DA}	MAY 2 5 198	R 256. REGISTR	AR'S SIGNATURE	

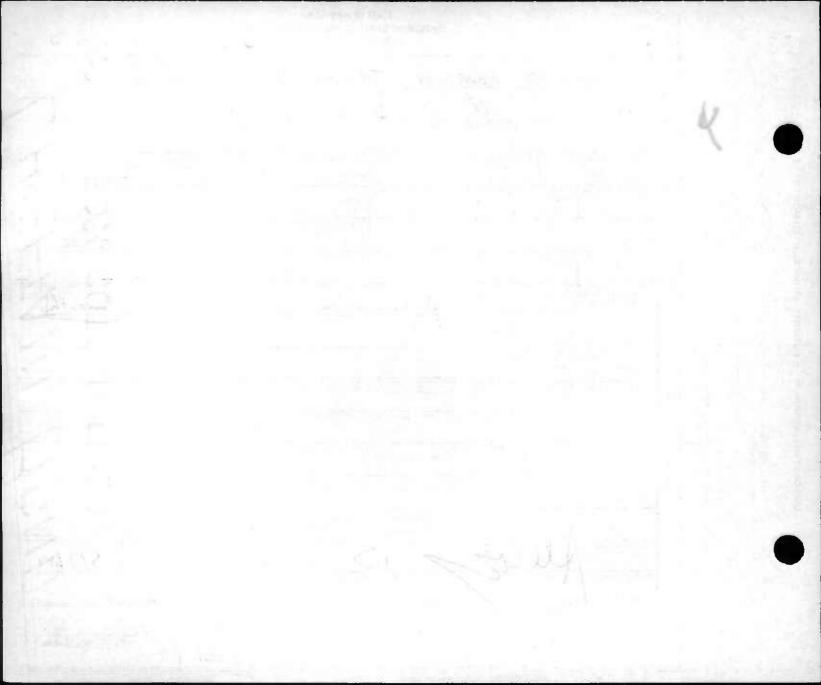
Carol States 10712 Japan Santa City and City Substitute State of State sence: . v. mile amont .6 monegold is makers, classes among thomas, a later-the angle of Ground I. Death, Jr., T. C. 194 (12) Gron Lye., Challed et al. 21702 able definitions after the control of the control o

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		OP POINTS /	ONAR		RAHAM		tomas	Se	26. DATE OF DEATH	2	7/4	a richon
	1 SE		1	1 RACE	HEH HHIVI	5 DATE OF			6. AGE (IN YEARS LAST BIR	IHDAYI T	FUNDER LIFEAR I	F UNDER SAMES.
h	J. J.	M		/	V2	MONTH	ZZ	YEAR / 4	72	YRS.	AUNTHS BASS F	CURS MIN
1	(IRTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY	MARRIED	NEVER MAR		9. BALTIMORE CITY O	R COUNTY	OF DEATH	- FE
27/	MI	ITY OR TOWN OF DEA	TH	USA	HOSPITAL, NURS	ING HOME OF	OTHER INSTITU		FREDERICK 12a USUAL OCCUPATI	ON	126 KIND OF I	BUSINESS OR
34	T.	FREDERICK	-		CK MEMO		SPITAL		CUSTODIAN	F WORKING LIFE	PRODUC'	TION
200	USU	AL RESIDENCE (# NURS	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	ORE ADMISSION)					2	1710
10	130.3	MD	136 COUN	ERICK	ADAMSTO		YES NO	D X	13e.STREET ADDRESS /			
27	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	AIDEN NAM			LAST	
00	Ján V	WILLIAM WAS DECEASED EVER	IN U.S. AR	MED FORCES?	THOMAS	CURITY NO.	ADA 17. INFORMANT		ADDRE	SS	WEED	ON
1/		NO NO OR UNKNOWN)		E WAR OR DATES)	217-10		Anna R.	Thom	nas 1426 P	leasar	nt View	
novmotic		PART I. DEATH W Conditions, if any, gove rise to imm	MAS CAUSEI	Ó BY: E CAUSE (a)	R AS A CONSEO	new	onia				2 nor	ATE INTERVAL ISET AND DEATH
o other	cause (a), stating the underlying cause last (b)								H.E.H			
whork:	Z O	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING 10	DEATH BUT N	IOT RELATED TO	THE TERMI	INAL DISEASE OR CON	DITION GIV	EN IN PART Tra	
9	CERTIFICATION	190 DATE OF OPERA	TION	196. CONDI	ITION FOR WHIC	H OPERATION	WAS PERFORMI	ED	200 AUTOPSY?	206 IF YES IN CERTIF YES	, WERE FINDING YING CAUSES O	SS USED OF DEATH?
9		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEA	in	M. MONTH	DAY YEAR	21c HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM IB P	ART I OR PART 2)	
a /	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE			21f LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
214 ==		22a. I certify that (I) saw the decease obove, (I) (we) (c						r) apinion d	, to death accurred on the do			at (I) (we) last iuses stated
± ::		226. SIGNATURE	M	L ag	1	w	PHY	NDING SICIAN	MEDICAL STAF	F IAN 🗌	S/ DATE IN	1/87
MPORTAN		22d. PHYSICIAN'S N	,	(Penil)	/	1	III ADDRESS					1
A M	0.2	A. GILSON		1	Lac	111115 05			Ave., Fred	erick,	MD	
		BURIAL, CREMATION,		5/11/8	37	Fairvie	w Cemete		23d LOCATION CITY OR TOWN Frederick	Fı	county	STATE MD
7/B4	24 FL	UNERAL DIRECTOR	G. DOI						REC'D. BY REGISTRAR		BAR'S SIGNMOUR	Elasa
		1621 Oposs			11001120		21701	MAY	13 1981	June 10		

1621 Opossumtown Pike, Frederick, MD 21701

DHMH - 16 60M 7/B4 (VRA 15, 4)



250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

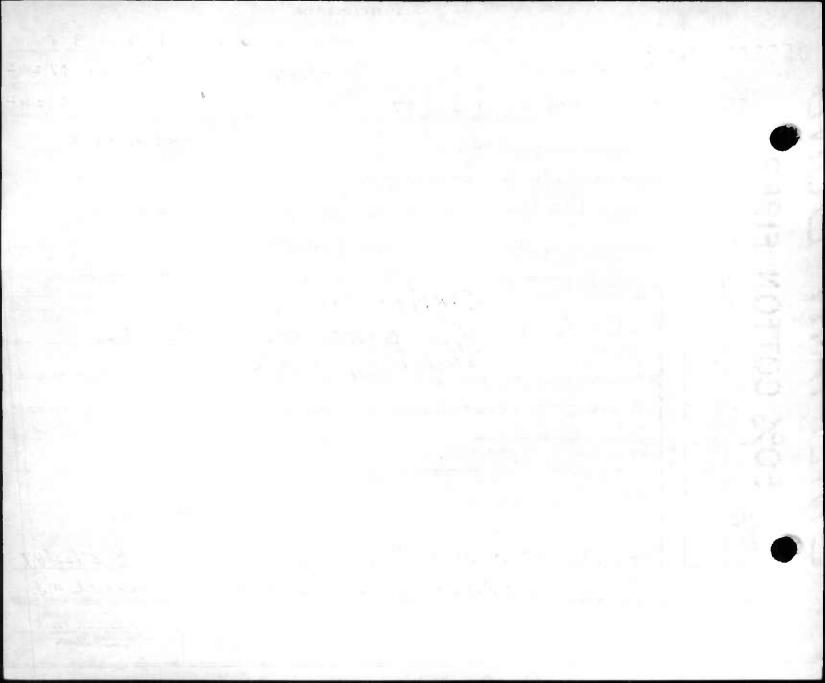
24 FUNERAL DIRECTOR

John T. Williams Funeral Home Brunswick, Md.

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND



	STATE	OF.	MARY	LAND
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8	7	4	maj	Con
	REG. NO.			

Tulia Dividion Randale

054038 MAY 2	FOR STATE REGISTR	AR		DEPAR	MENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	8/	REG. NO.	4 4	48
noy be page 3	I. DECEASED N (TYPE OR PRINT)	AME FIRST	, 60	MIDDLE	l	TOBER	28. DATE OF DE		4/87 YEAR	26 HOUR 14/7PM
ge 4 mc	3. SEX	rale	1 RACE	· C .	5. DATE O	DAY YEAR	6 AGE (IN YEAR	YRS		IF UNDER 24 HRS
Month. Po	7a. BIRTHPLACE COUNTRY) MD	(STATE OR FOREIGN	USA	WHAT COUNTRY	MARRIE	NEVER MARRIED		FILAD	NUM /	MD
ofter d	10. CITY OR TO	NN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREE	ET ADDRESS)	OR OTHER INSTITUTION		R MOST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
1 hours of the hours of the file	USUAL RESIDER	NCE (IF NURSING HOME OF	ROTHER INSTITUTION	RICK MEM GIVE RESIDENCE BEFO 13c. CITY OR TO	RE ADMISSION)	13d INSIDE CITY LIMITS?	I SEAMSTE	DRESS / ZIP CO		1.MNFG.
tely filled 2 should be a should be	MD 14. FATHER'S NA	AME	ERICK	WALKER	SVILLE	YES NO X	AME	later St		1//5
MAR where we was a second of the second of t	Willar	d B	oyd	Mas	-	Mary	٨	AIDDLE	Rig	
IMORE on and c Pages	160 WAS DECE (YES, NO OR U	ASED EVER IN U.S. AR NKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC 220-64-		David E. To	ober. Sa	ADDRESS ame Addr	ess	
ST., BALT errificate by physicia conpopers removal. event, the	I8 CAUS PART	E OF DEATH (Enter or I. DEATH WAS CAUSE IMMEDIA	nly ane cause pe ED BY: .TE CAUSE (a)	ventric	was	fibrillate	Ton		BETWEEN	ONSET AND DEATH
W. PRESTON of the death co of the oftendin se remove corb cremation, or	gave ri	ins, if any, which ise to immediate (a), stating the ing cause lost	DUE TO, (b)_	DR AS A CONSEQUENCE OF A CON	recila	tachyca	rdia			
y. Y		THER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	RCONDITION	GIVEN IN PART 1	a
TAL RECORDS The law requirelens signered in the form the form of t	190 DATE	OF OPPLATION	19 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPS	Y? 206. IF IN CER	YES, WERE FINDI TIFYING CAUSES YES	NGS USED S OF DEATH?
> z z z z z z z z z	OR CONTR	DENT WAS UNDERLYING DENT WAS UNDERLYING DEALER OF DEALER OF DEALER AMINE	ATH HOUR A	DF INJURY M. MONTH I	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITEM T	B PART I OR PART 2}	
DIVISION OF DING PHYSICIA or attending pi After this certif e as the buriol-i oith and Mental marked or Item		RY OCCURRED NOT WHILE ALL WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE		211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
ENDIN ol or ol or sen	22a.l cert	tify that (I) (this hasp		he deceased from		d that in (my) (aur) opinia	to	in the date and h		that (II (we) lost
AL OR ATT the hospin AL DIRECTO defached fo set Dept. of	22b. SIGN	e, (1) (we) (did) (did no	Kin &	after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	22c. DATE	
TO HOSPITAL etonined by the TO FUNERAL should be derived with the Store		JOHN	A.	VITARE		22e ADDRESS 333	5 Park	Out,	Freder	up. My
BP	(SPECHY)	EMATION, REMOVAL				EMETERY OR CREMATORY	CITY OR	IOWN	COUNTY	STATE
DHMH - 16 60M 7/84	Burial 24. FUNERAL DI	RECTOR G. D	OUGLAS	7.1987 C	ilade (Zemetery 250. D/	Walker ATE REC'D. BY REG	SVILLE ISTRAR 256 REG	Fred. ISTRAR'S SIGNA	TURE

1621 Opossumtown Pike, Frederick, MD 21701

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

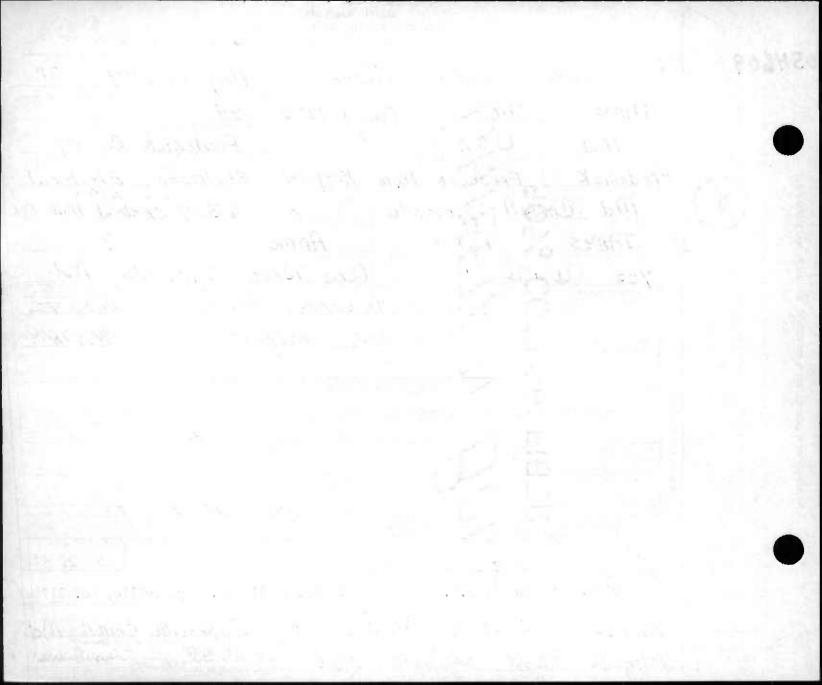
8 7 _{REG}	. NO.	4	4	4
ATE OF DEATH	MONTH	DAY	YEAR	26 H
Mari	24	1091	7	

I. DEC	FOR STATE REGISTRAR	DEPARTI		ALTH AND MENTAL HYGI CATE OF DEATH	ENE 8 7	14	4 4 4
	CEASED NAME EIRST	WIDDLE	LAS	ī		MONTH DAY	YEAR 26 HOUR
(TYPE	ORPRINT! JAMES	Clinton	10	RCO	MAY &	14. 198	7 31
3. SEX		RACE	5. DATE OF		6 AGE IN YEARS LAST BIR		DER I YEAR IF UNDER 24
	MAK	11shite	Feb	9 10 2 2	1.4	MONIM	DATS HOURS
76. BIF	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	8.	1, 1725	9 BALTIMORE CITY O	R COUNTY OF D	EATH
1	OUNTRY) Md.	U.S.A.	WIDOWED		Frede	Rick C	County
16	rederick	NAME OF HOSPITAL, NURSIN		Hospital	TYPE OF WORK FOR MOSE	FWORKING LIFE) IN	E PETRICA
USUA	TATE OF THE NURSING TOME OF OTHER	13c CITY OR TOW	(N,) [1	36. INSIDE CITY LIMITS? YES NO B	13e.STREET ADDRESS		21784 and Mills
FA	THER'S NAME			S MOTHER'S MAIDEN NAM	MIDDLE		2 LAST
	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU	JRITY NO.	DARIS TURI	ADDRES SVA	Sesville	Md.
NO	gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQU (c) NDITIONS CONTRIBUTING TO		OT RELATED TO THE TERMI	nal disease or con	DITION GIVEN IN	PART Ho
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	PART 2)
18		21e PLACE OF INJURY		ZIF LOCATION	CITY OR TO	WN C	OUNTY STAT
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	SINEE			
MEDICAL	WHILE NOT WHILE) ottended the degraved from	May ond	that in (my) (our) opinion of	eoth occurred on the de	19 bite and hour and	, that (1) (we)

DHMH - 16 60M 7/84 (VRA 15, 4)

Likesolle

MAY 2 6 1987 Julia Devider Rondocas



director, page 3 hours ofter death

STATE OF MARYLAND

DEPARTMENT O

F HEALTH AND MENTAL HYGI FIFICATE OF DEATH	IENE 8	REG. NO.	1 4	۵۰
	0 0 175	OF DEATH		145 4 4

7	.1 - STATE REĞISTRAR	TATE CERTIFICATE OF PRATH									
	1 DECEASED NAME FIRST	MIDDLE	LAST			DAY YEAR 26 HOUR					
	(TYPE OR PRINT) George	Washingt	on Tyl		May 5, 1987 1:10 A						
	3. SEX	4 RACE	5. DATE OF BIRTH	DAY VEAR	AGE (IN YEARS LAST BIRTHOAY)	FUNDER TYEAR IF UNDER 24 HRS					
	Male	Black	May 27		92 yrs.	11 8					
0.0	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED N	EVER MARRIED	BALTIMORE CITY OR COUNTY						
	Maryland	U.S.A.	WIDOWED	DIVORCED [Frederick C	O., MD					
A	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF, NOT IN SUCH FACILITY, GIVE STRE		R INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	17b. KIND OF BUSINESS OR					
	Mt. Airy										
1	USUAL RESIDENCE (HE NURSING HOME OR 136. STATE 138. COUNTY) Marvland Fred	NTY 13c. CITY OR TO	OWN 13d. IN	SIDE CITY LIMITS?	3. STREET ADDRESS / ZIP CODE 4940 A Westwi	21771 nd Drive.					
d	14. FATHER'S NAME			THER'S MAIDEN NAM							
	John We	esley Tyle	r	Rachel	MIDDLE	Jones					
ī	160 WAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INI	ORMANT	ADDRESS	TENER THE ME					
	Yes, no or unknown) (if yes, giv	I 219-03	-2681 01	Olia M. Tyler, Same as # 13							
	18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause (ost) DUE TO, OR AS A CONSEQUENCE OF										
		CONDITIONS CONTRIBUTING T	<u>Ø DEATH</u> BILL NOT H	NATED TO THE ERMIN	NAL DISEASE OR CONDITION GIVE	EN IN PART To					
	é (mu										
Z	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS	PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\begin{align*} \text{NO} \\ ali					
h		HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PA	ART T OR PART ?)					
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED	P.M. 71e PLACE OF INJURY	19	OCATION							
	WHILE NOT WHITE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE					
	220.1 certify that (1) this hospi	226.1 certify that (I) this hospital) often and the description and that in (my) (our) opinion death occurred on the date and hour and the course stated									
	22b. SIGN TURE	ot view the body of the death /	DEGREE	A TENDING .	MEDICAL STAFF DIRECTOR PHYSICIAN	5/6/87					
	224. PHYS AN'S NAME (TYPE O	r E. CII	new	GO47	011 House Ave	Fredericky					
	230. BURIAL, CREMATION, REMOVAL		IL NAME OF CEMETE		23d LOCATION	COUNTY STATEMEN					
	Burial	5-8-1987 R	esthaven	Memorial		rederick Md.					
	24 FUNERAL DIRECTOR			25a DATE	REC'D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE					

DHMH - 16 60M 7/B4

IMPORTANT: If Item 21 TO FUNERAL DIRECTOR should be detoched for us with the Stote Dept.

TO HOSPITAL OR ATTENDING

Charles W. Burrier, Jr., Sykesville, Md. (VRA 15, 4)

MAYU 8 1987 Julia Davidson Randalle

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTA	HYGIEN						

052516 HAY	-16-	FOR STATE REGISTRAR			DEPARTA	AENT OF H	EALTH AND I	MENTAL HYG	REG. NO.	4 5	
oy be nage 3 death		ORPRINT) EV	FIRST		ELLE	VOG	T AST		05/01/87	SA 26	HOUR P
ge 4 mo) ector. po ors ofter d	3 SE	FEMALE		WHITE		S. DATE C	1/18/03	YEAR			UNDER 24 HRS DURS MIN.
eath. Pa	MARYLAND		U.S.A. MARRIE WIDOW				I FREDERIUS		MD.		
s offer o	10. CITY OR TOWN OF DEATH FREDERICK		CTTTZENS NURSING HOME OR OTHER INSTITUTION			TITUTION	126 USUAL OCCUPATION SYRFOLESER CAMPSTON WORKING LIFE) RELATE				
AND 212	MD STATE			OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS DERICK MIDDEFPOUN			HALINSIDE CITY LIMITS?		5355 CARROLL BOYER RD. 21769		1769
MARYL TO THE STATE OF THE STAT	14. F.A	LESLIE FAT	WCETT				15 MOTHER'S MAIDEN NAME ALCTNDA RIDGELY MIDDLE LAST			LAST	
BALTIMORE, MARYLAND 2 cote be en read th 22 kg systion on conceptibly lived opers. Popers. Popers. vol. it, the medical kniner.	160 V	VAS DECEASED EVER TS. NO OR UNKNOWN)		MED FORCES?	219-32-30		ANNA E	E. HESS	ON 5355 CA	RROLL BO	YER RD
1 W. PRESTON ST., that the death certification by the attending phases remove carbang all, cremation, or remore rather traumotic ever		Conditions, il ony, gove rise to imm couse (o), statiunderlying couse	MMEDIA , which mediate	DUE TO, C	DR AS A CONSEQUE		ary	12mb	VIUS	152	nun
TAL RECORDS, 201 The low requires the icion. The bos been signed be signed prior to be old given prior to buriol, shows ony injury, or or shows.	ERTIFICATION	PART 2 CITHER SIGN	[+ b	196 COND	SWAS DITION FOR WHICH	115	MSE N WAS PERFO	- WIT		WERE FINDINGS ING CAUSES OF	
DIVISION OF VITAL RECORDS, ITAL OR ATTENDING PHYSICIAN: The low requir by the hospital ar attending physician. ERAL DIRECTOR, After this certificate has been signed editoched for use as the burial-transit permit. Then State Dept. of Health and Mental Hygiene prior to b NIT: if them 21 is marked ar Item 18 shows any injury.	MEDICAL CE	216 ACCIDENT WAS UNION OR CONTRIBUTING [] (UF ETHER, NOTIFY MEDIUM) 21d INJURY OCCUR! WHILE AT WORK [] 21 STGN TO SE	CAUSE OF DE CALEXAMINE RED The horizonal and convenient	ATH HOUR A P 21e PLACE (AT HOME, ST	.M. MONTH DA .M. OF INJURY IREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATK STREET	DN 19 Dur) opinion ATTENDING PHYSICIAN	death occurred on the date and hour	COUNTY S that	
TO HOSPITA retoined by TO FUNERA should be di with the Sto	23a E	OURIAL CREMATION	REMOVAL	PT - 1734 855/0)4/87 LC	NAME AT S	EMETRY OR	CEMETE	TOMMAS AUX CRV ^{38 CO} BACTIMORE, M	1Dunty	of the

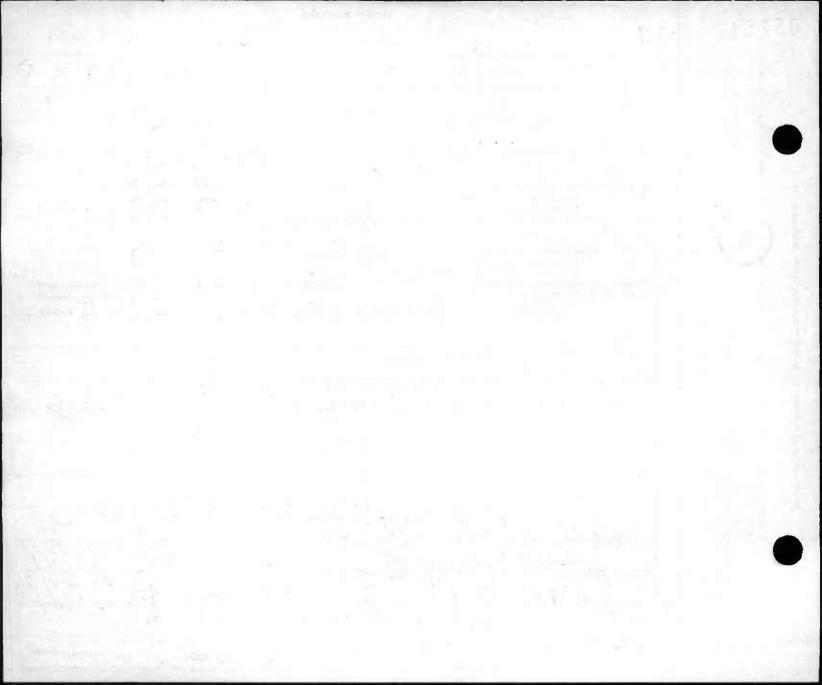
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNDRAL PRECIPARTZLER

LIBERTYTOWN, MD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

5 1987 MAY



mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	0.	4	1000	5	2
DATEO	F DEATH	HINOM	DAY	YEAR	Zb HO	UR
		T.	1 .	07	1	-

7	REGISTRAR				CERTI	ICATE OF DEATH	REG.	NO.		
	CEASED NAME	FIRST	· A	MIDDLE	L	AST	26 DATE OF DEATH	MONTH	DAY YEAR	₹ но
	^	1AR61		O'Donnel		GNER		5	118	Mi
3 SE		4. F	RACE		S. DATE C		6 AGE (IN YEARS LAST !	BIRTHDAY)	MONTHS DA	
F	'EMALE		WHITE		02	27 1896	91	YRS		
	IRTHPLACE STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY	(? 8	D NEVERMARRIED	9 BALTIMORE CITY		Y OF DEATH	
	W.VA		USA		WIDOWE		FREDERICK			
10 C	ITY OR TOWN OF DEA	TH 11.				OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		OF BUSIN
F	REDERICK	1	NORTH	HEACILITY, GIVE STRE	MANOR	NURSING HOME	SALES	1 OF WORKING	RETA	
	AL RESIDENCE (IF NURS	NG HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BEFO	DRE ADMISSION		13e.STREET ADDRESS			
	VA	ARLING		ARLINGT		136 INSIDE CITY LIMITS?	610 Carly			
14. E/	ATHER'S NAME		-101	III III III III	.011	15. MOTHER'S MAIDEN NA		II SPI	Ings R	1.
6	OTEDIED	MIDE	DLE	LAST		FIRST	WIDDLE		0100	LAST
	OTFRIED WAS DECEASED EVER	IN II S APAGE	D FORCES?	RENTSH 16b SOCIAL SEC		ANN 17. INFORMANT	ADD	RESS	טעיט	NELL
100	YES NO OR UNKNOWN)	N/A	AR OR DATES)					7 200		
	NO	IV/A		579-38-	7833	Jean Eden		Dam	ascus,	
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only o	ne couse per	line for (o), (b), o	and (c).1	ing Estive	1		8ETWE	OXIMATE INTE
	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	nediote g the lost	(c)	r as a conseo						
FICATION	gove rise to imm couse (o), stofin underlying couse PART 2 OTHER SIGN	nediote g the lost HEICANT CON	VOITIONS CO	ONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM Chronic O	200 AUTOPSY?	RIGIN 20b. IF YI	ES, WERE FIN	DINGS USE
ERTIFICATION	gove rise to imm couse 10), stolin underlying couse PART 2 OTHER SIGN SEC. 19a DATE OF OPERAT	ediote g the lost HEICANT CON	POLITIONS CONDI	ONTRIBUTING TO	D DEATH BUT	Chrunic O	1200 AUTOPSY2 YES NO	RIGIE 20b. IF YI	ES, WERE FIN TIFYING CAUS YES	DINGS USE ES OF DEA NO (
I CERTIFICATION	gove rise to immorcouse IoI, stoting underlying couse PART 2 OTHER SIGN SEC	HEICANT CON	POLITIONS CONDI	ONTRIBUTING TO	D DEATH BUT	Chronic O	1200 AUTOPSY2 YES NO	RIGIE 20b. IF YI	ES, WERE FIN TIFYING CAUS YES	DINGS USE ES OF DEA NO (
	gove rise to imm couse Io), stolin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE SITHER NOTIFY MEDIC	REGIOTE g the lost lost lost lost lost lost lost lost	P.	ONTRIBUTING TO YSEAA THON FOR WHICH FINJURY M. MONTH	D DEATH BUT	N WAS PERFORMED	1200 AUTOPSY2 YES NO	RIGIE 20b. IF YI	ES, WERE FIN TIFYING CAUS YES	DINGS USE ES OF DEA NO (
MEDICAL CERTIFICATION	gove rise to imm couse Io), stofin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C	RELIVING ALEXANINER)	P. PLACE (c)	ONTRIBUTING TO YSEAA THON FOR WHICH FINJURY M. MONTH	DEATH BUT HOPERATIO	Chrunic O	1200 AUTOPSY2 YES NO	20b. IF YI IN CERT	ES, WERE FIN TIFYING CAUS YES	DINGS USE ES OF DEA NO (
	PART 2 OTHER SIGN 21a. ACCIDENT WAS UND OR CONTRIBUTING COUR 21d. NOTEY WAELE AT WORK NOTEY WAELE 22d. I certify that (1)	RELIVING AUSE OF DEATH ALEXAMINER) ALE (This hospital)	IP. CONDITIONS CO. Find A. 196. CONDITIONS CO. 216. TIME O. HOUR A. ATHOME. STR. offended the	PINJURY M. MONTH M. MONTH M. MONTH M. MOST INJURY EET, FACTORY, OFFICE	DAY YEAR 19 1, FARM, ETC.	N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RRED (ENTER NATURE OF IN CITY OR	ZOB. IF YI IN CERT JURY IN ITEM 18	ES, WERE FIN IFYING CAUS YES D I PART I OR PART COUNTY	NO (
	gove rise to imm couse 10), stofin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CITY OF CONTRIBUTING CITY 116 EITHER NOTIFY MEDIX 21d. IN JURY OCCURR WHIE NOTIFY MEDIX AT WORK NOT WHAT WHAT WORK NOT WHAT	REGIONE g the lost lost lost lost lost lost lost lost	P. PLACE (AT HOME STREET OF THE BODD)	PINJURY M. MONTH M. MONTH M. MONTH M. MOST INJURY EET, FACTORY, OFFICE	DEATH BUT THOPERATIO DAY YEAR 19 E. FARM. ETC.	N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 214. HOW INJURY OCCUR 216. HOW INJURY OCCUR 217. HOW INJURY OCCUR 218. H	200 AUTOPSY? YES NO CITY OR CITY OR deoth occurred on the	20b. IF YIN CERT	ES, WERE FINIFYING CAUS VES PART I OR PART COUNTY	NO (
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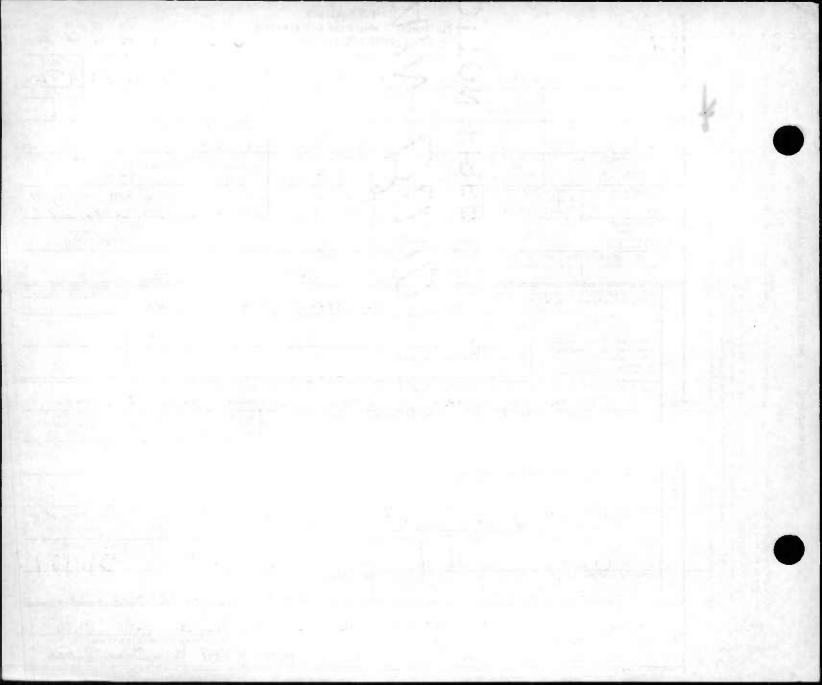
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and is should be detached for use as the buriol-transit permit. Then please remove corbanapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

retained by the hospital or attending physician.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL



053449

STATE OF MARYLAND

3449	1,-	FOR STATE RÉGISTRAR	DEPART		ALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO.	4 4 5 5
th 3		CEASED NAME FIRST OR PRINT) Sr. Romana	Walsh	LAS	,T	May 6, 1987	DAY YEAR 25 HOUR 5:15 P.
hou and	3 SEX		RACE	S. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
A see X	3	remale	White	Oct.	5, 1895 EAR	91 YRS	MONTHS DAYS HOURS MIN.
8 2 8 0 0		OUNTRY	CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
deor	_	w York	U.S.A. 1. NAME OF HOSPITAL, NURSIN	WIDOWED	DIVORCED	Frederick	MD.
ns ofter	D	mmitsburg	(IF NOT IN SUCH FACILITY, GIVE STREET	address)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Teacher	October 126 KIND OF BUSINESS OR INDUSTRY Dgtrs.of Chari
24 hou	13a. S	AL RESIDENCE (IF NURSING HOME OR C TATE 13b COUNT Md. Fred		VN 11	34 INSIDE CITY LIMITS?	333 S. Seton A	DE 2/727
within hpletely and 2 st	1	THER'S NAME FIRST A A A A A A A A A A A A A	DOLE LAST		Oney Conw	WE	LAST
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and the second		18 CAUSE OF DEATH IEnter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	Como	ma of Col	Son with	BET WEEN ONSET AND DEATH
oth cending corn	ы	1 57	DUE TO, OR AS A CONSEQU	ENCE OF	10	to arriva	
e ath mave motia	-	Conditions, if any, which gave rise to immediate	(b)		rengia /	1)	
by the cose real, creating on the cost of		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF	uca	ale.	
signed her ple ta burio	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION	SIVEN IN PART 110
has been permit. I ene prior	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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G PHYS offending ter this ce s the burn and Me	MEDIC	21d INJURY OCCURRED WHILE OF WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
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the hosp the hosp AL DIREC eroched te Dept te Dept		22b. SIGNATURE	Cana	1/ 1	ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	6 May 1987
NER De d		224 PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS		7
o HOSi etained TO FUN should b with the		Alan Carrol				ve. Emmitsburg,	MD 21727
		SURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	74 FI	Burial JNERAL DIRECTOR	8 May 1987	St. J	oseph's	Emmitsburg	Frederick, MD
DHMH - 16 60M 7/84 (VRA 15, 4)		kiles Funeral H	ome, Emmitsburg	, MD 2		MAY 1 1 1981 8	THE THE PART OF TH

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219-91-0771 Jl Sr. Josepulno-Villa W. Tittesl, Santkabure

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 REG. NO. 1 4	4 4 5 4
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Y 23	STATE REGISTRAR				ATE OF DEATH	REG. NO.	1 4	4 3 4
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		Martha	D.	WHITE	WE A ST	May 23,	1987	7:00 A
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7	TO BIRTHPLACE (STATE O	OR FOREIGN 76 CITIZET	OF WHAT COUNTRY?	8 MADDIED S	NEVER MARRIED	9 BALTIMORE CITY OR		ATH
/	South Car	rolina	USA	WIDOWED		Frede	rick Cou	ntv. Mc
1	O CITY OR TOWN OF D	EATH 11. NAM	E OF HOSPITAL, NURSIN	NG HOME OR	OTHER INSTITUTION	12n LISUAL OCCUPATIO	N 12h K	IND OF BUSINESS OF
U	Mt. Airy		384 Annapol			Adm. Ass t	• F	ed. Gov't.
	Maryland	Frederick	134. CITY OR TOW	/N 13	NO NO NO	13e.STREET ADDRESS /	apolis D	r. 21771
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00	Josep	_	DiLorenz	0	Juli		Loren	,
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or otherding physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	01	REGISTRAR				CERTIF	ICAIE OF DEATH		REG. N	0.	1 -1		2 2
		CEASED NAME	FIRST		MIDDLE	1	LAST	2a	DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
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	3 SEX		00.	4 RACE		5. DATE C		1	AGE (IN YEARS LAST BIR	THDAY	IF UNDER	LYEAR	#F UNDER 24 HR5
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3	N	Maryland		USZ	A	WIDOWE			frederic	к вог	inty,		MD.
Ä	10. C1	TY OF TOWN OF DE	ATH		HOSPITAL, NI		OR OTHER INSTITUTION		USUAL OCCUPAT				F BUSINESS OR
	F	Frederick				sing Ho	me	(1)	Engineer) WORKING		ustry ailr	road
-	USU	AL RESIDENCE IN NUR		OTHER INSTITUTION	, GIVE RESIDENCE	BEFORE ADMISSION)							
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L		Maryland THER'S NAME	Fre	derick	Bruns	SWICK	YESXX NO	NIAAAF	123 - 9t	n Ave	enue,	/ 41	1/10
٩	14. FA	FIRST		MIDDLE	ŁAS!	1	15 MOTHER'S MAIDEN !	NAME	WIDDLE			LAST	
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2	CAT	19a DATE OF OPERA	TION	196 COND	ITION OR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		ES, WERE		GS USED OF DEATH?
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Ÿ	CER	21a. ACCIDENT WAS UN	DERLYING [21c HOW INJURY OCC	URRED	(ENTER NATURE OF INJUI	RY IN ITEM IE	B PART I OR P.	ART 2)	
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		6).	maya	m		PHYSICIAN	MO	RECTOR PHYSIC	IAN		5/	7/8/
1		224 PHYSICIAN'S N.	AME (TYPE C	R PRINT)	- 1		22e ADDRESS			0	101	,	
		UM	NE	ALK	SMER		BRUNS	Ula	OK, MD.	1	171	6	
	23a B	SURIAL, CREMATION,	-	23b. DATE	1		EMETERY OR CREMATOR		23d LOCATION				
	- (SPECIFY)	HEMOTAL		10.5			`'	CITY OR TOWN		COUNTY		STATE
		urial UNERALDIRECTOR		1.5/10	/87	Park H	eights Cem.	DATE CO	Brunswi	CK, I	rede	rick	c, Ma.
		NAME	- 1		ADDR		100	TE RE	C'D. BY REGISTRAR	ZAB. REGI	STRAR'S SI	PHATE	il.
	. [(1	phn T. Wil	liams	Filhera	Home	Brunswie	CK. Md. INIA	4 "	1 1UX / 7 7			-	

DHMH - 16 60M 7/84 (VRA 15, 4)

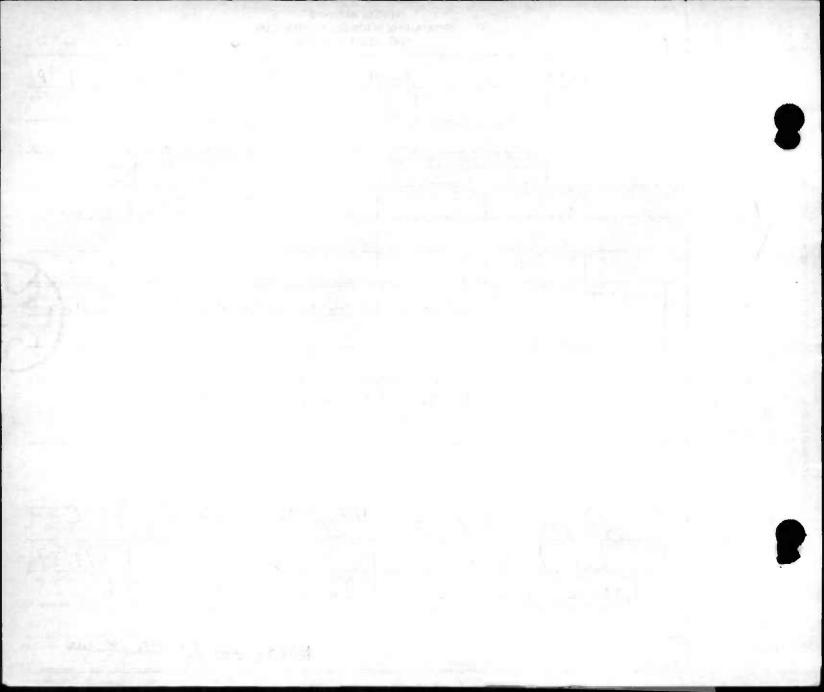
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TIO FUNERAL DIRECTOR. After this or should be detached for use at the burn with the State Dept. of Health and Me.

IMPORTANT, if here 21 is

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STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE	40
CERTIFICATE OF DEATH	8

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20	DATE OF	DEATH	MONTH	DAY	YEAR	2b HC	JUB	
	May	11,	198	37		19	50	

FOR STATE REGISTRAR			DEPARTN			ID MENTAL HYG F DEATH	SIENE 8	I _{REG.}	NO.	41	er.	5	5
1 DECEASED NAME (TYPE OR PRINT)	FIRST Villia		J.		COM,	SR.		of DEATH		37	YEAR	25 HOW	30 f
3 SEX Male		Whit	ө	5. DATE C		1895	6. AGE	91	MRTHDAY)	MONTH	DER TYEAR	HOURS	24 HRS MIN.
70 BIRTHPLACE (STATE COUNTY)	and	U.S	• A •	WIDOWE	DX	ER MARRIED DIVORCED	F	more city re de:	rick	Cou	inty		MD
Frederic	4.1		OSPITAL, NURSIN HEACILITY, GIVE STREET A an Nurs	DDRESSI	Home	NSTITUTION	120. USU	AL OCCUPA WORK FOR MOS LPM IN	TION TOF WORKING	LIFE) 121	DUSTRY Da	iry	SS OR
130. STATE Maryland	135 COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOWN	Y .	13d INSIC	DE CITY LIMITS?	13e.SIRE	ADDRES 49-A	Urbs	DE Rna	Pik	e 21	.70
Tacol	o Ĵ	MIDDLE	Wilcom			Isabel		WIDDLE			Han		
160 WAS DECEASED EVI (YES, NO OR UNKNOWN)		MED FORCES?	215-36-		Mrs Lan	Jean Fred	W. W	ansa k, M	nt, aryla	7623 and	217	nday 0 1	18
18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	y one couse per O BY: E CAUSE (o)	line to i/o), (b), one	200	Vo	15cm/a	rA	coid	ent		3	da-	17
Conditions, if or gove rise to it cause (a), statument underlying cou	mmediate ting the	(b)	AS A CONSEQUE	PI	e va	504/1	V)	1/5 €	05-		1	ye	S
PART 2. OTHER SI	GNIFICANT C	ONDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELA	TED TO THE TERM	AINAL DISE	ASE OR CO	NDITION	SIVEN IN	PART 110		

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WEI	CAUSES OF D	EATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21t. HOW INJURY OCCU	RRED (ENTER NATURE OF I			o []
21d INJURY OCCURRED WHILE NOT WHILE 2 220. I certify the (1) this hospital) sow the deceased live on obove, (1) the did did not vi	21e. PLACE OF INJURY LATHOME. STREET, FACTORY, OFFICE, FARM, ETC OTTENDED THE DECERGED FROM 19	211 LOCATION STREET . 19 . ord that in (my) cour) opinion	to	State and hour and	S7 there	(NAIR II) well lost is stated
22b. SIGN TUR	A TEXT IN THE BOOK OF THE BOOK	DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF _	511	2/8'
Dr. C. E. C1	ine, III, MD	22. ADDRESS 804 Toll	House Ave	.,Fred.	Md. 2	17 01

23d LOCATION
CITYORTOWN
Frederick Frederick Md. Church St. Frederick.

BP.

TO FUNERAL DIRECTOR, After this certificate has should be detached for use as the burial-transit pewith the State Dept. of Health and Mental Hygiene

etoined by the hospital or

TO HOSPITAL

MPORTANT: If Hem 21 is morked of

DHMH - 16 60M 7/B4 (VRA 15, 4)

The state of the s THE RESERVE AND A THE CORE WAS A PROPERTY. Green T. (13-on Teacher And the factor of the factor o

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE												
REGISTRAR				CERTIF	ICATE OF D	EATH	6 / REG. NO. 4 4 5 /					
EASED NAME	FIRST		MIDDLE	4	AST		20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR		
OR PRINT)	URR	BV (CHARKS		Wilh.	10	5/	20/5	85	2445		
	9/1/1	4 PACE	-//A/11	5. DATE C	OF BIRTH	0	6 AGE (IN YEARS LAST BIR	THOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
ALE		WHITE		1 ^{MONTH} 14 1902			84	HOURS MIN.				
RTHPLACE (STATE OUNTRY) D	OR FOREIGN	USA	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH FREDERICK MD.					
REDERICK	DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FREDERICK MEMORIAI			OR OTHER INSTI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WRAPPING OPER. 120 KIND OF BUSINESS OR INDUSTRY BAKERY					
			GIVE RESIDENCE BEFORE 134 CITY OR TOWN WALKERS	N	13d. INSIDE CI	TY LIMITS?	ZIP CODE AVE.,					
THER'S NAME		MIDDLE	LAST	15. MOTHER'S	MAIDEN NAM	ME	MIDDLE LAST					
OHN	RU	BIN	WILHIDE			NNIE	Model		FIETZ			
AS DECEASED EV			166 SOCIAL SECUR	RITY NO.	17. INFORMAN	VT TI	ADDRE	SS		MD		
ES NO OR UNKNOWN)	N/A	IVE WAR OR DATES)	215-10-2	2561	Patri	cia Wer	nzel 10 Fu	lton A	ve. Wa	lkersvill		
18 CAUSE OF DEATH IEnter only one couse per line for (o), (b), and ic. I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UPER GZ BLEED DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF										Pres		
PART 2 OTHER S	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110			
		PARKI	NSON'S DI	SENS	E							
196 DATE OF OPERATION 196 CONDITION FOR WHICH OF				OPERATIO	IN CERTI					S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)		
710. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER NOTIFY A	CAUSE OF DE	AIR	FINJURY M. MONTH DA M.	Y YEAR	21E. HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT OR PART 2)			
21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY				IRM, ETC)	C) 211 LOCATION STREET CITY OR TOWN COUNTY STATE							
sow the deci	eosed plive on	- 1	e deceased from	7 , or	nd that in (my) (our) opinion o	deoth occurred on the do	ate and hour		hot (II (we) lost ouses stoted		
22b. SIGNATURE	il	12	H	10		ITENDING HYSICIAN	MEDICAL STAI		220 DATE S	IGNED OF		
22d. PHYSICIAN'S	NAME (TYPE !	OR PRINT)	0 1/		22e ADDRESS							

completely f Pages ond physician ottending by the buriol-trans TO FUNERAL DIRECTOR: After this certifical 8 marked or Item should be detached with the State Dept. ± MPORTANT BP.

ne funeral director, page within 72 hours ofter deal

d in by the f be filed wit

pluo

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

3 SEX MALE

13e STATE

MD

NO

CERTIFICATION

MEDICAL

14 FATHER'S NAME

JOHN

O. BIRTHPLACE (STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME

160 WAS DECEASED EVER IN U.S. A

230. BURIAL, CREMATION, REMOVAL

(YES NO OR UNKNOWN)

8. CITY OR TOWN OF DEATH

FREDERICK

DHMH - 16 60M 7/84

(VRA 15, 4)

BURIAL 24 FUNERAL DIRECTORG. DOUGLAS STAUFFER 1621 OPOSSUMTOWN PIKE, FREDERICK, MD 21701

5/22/87

RICHMED L GOVGH ME

23c NAME OF CEMETERY OR CREMATORY GLADE CEMETERY

23d LOCATION WALKERSVILLE

FREDERICK

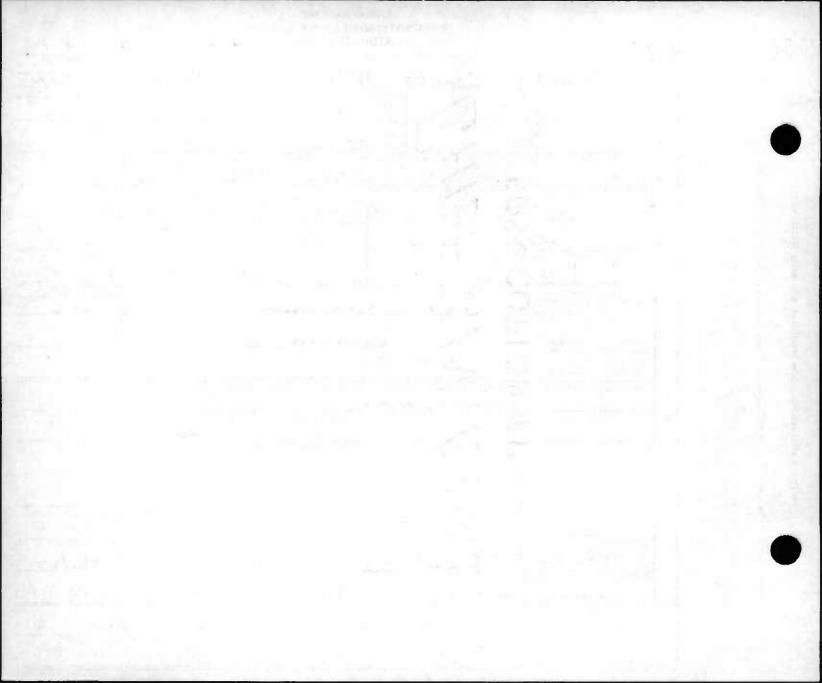
WALKERSVILLE, MD

25a DATE REC'D.

19 W. FREDERICK STy

1987

MD BY REGISTRAR 256, REGISTRAR'S SIGNATURE



5 3 9 2 6 MY 2	0.1	FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	4 4 5 8			
1 /2 55		CEASED NAME FIRST Carro	11	L.		LLIAMS	May 10, 1987	DAY YEAR 26 HOUR			
etar. page 3	3 SE)	Male	4 RACE White		5. DATE OF BIRTH Dec. 12, 1914		6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS			
neral dire		RTHPLACE ISTATE OR FOREIGN COUNTRY Maryland		76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNT Frederick Co				
oy the fu	1	TY OR TOWN OF DEATH	7007	Arbor Dri	ve	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I ACCOUNTANT	126. KIND OF BUSINESS OR INDUSTRY Construction C			
24 hour	13a S	AL RESIDENCE (# NURSING HOME STATE 136 CO Maryland Fr	or other institution JNTY ederick	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Frederi	N	13d. INSIDE CITY LIMITS? YES NO 🌋	13e STREET ADDRESS / ZIP COO 7007 Arbor Driv	21701 ve, Frederick, Md			
mplerely exed 2 sh	14. FA	THER'S NAME FIRST Martin	MIDDLE L.	Willia:	ms	15. MOTHER'S MAIDEN NA/ FIRST Rena	MIDD(€	Cooper			
n and ca Pages 1		VAS DECEASED EVER IN U.S. ((ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	183-05-9		17 INFORMANT		Arbor Drive rederick, Md.2170			
rificate by physicia and papers emoval.		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMEDI	only one couse pe SED BY: ATE CAUSE (a)	r line to 101 tb1, one	1 na		urt	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ob, col w. Prestory and by the attending these remove corb turing, cremation, or re- corper troumatic	z	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.									
	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO			
IC PHYSICIANET attending principle in this certificities is the buriol-transit and Mental High ricked or them 18 at	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF FITHER, NOTIFY MEDICAL FXAMI) 21d INJURY OCCURRED	DEATH HOUR A	A.M. MONTH DA	19	21c HOW INJURY OCCURI	RED (ENTER MATURE OF INJURY IN ITEM 18	PART I OR PART ?) COUNTY STATE			
DR ATTENDIN s hospitol or DIRECTOR. Af- ched for use Dept. of Health Item 21 is ma	W	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	production of the state of the	y ofter death.	198	nd that in (my) (and opinion DEGREE ATTENDING	death accurred on the date and ha	27c. DATE SIGNED			
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I MAPORTANT: if		22d. PHYSICIAN'S NAME (14F				Frede	st Seventh Stree erick, Md. 21701				
BP		BURIAL, CREMATION, REMOV (SPECIFY) Cremation				emetery or crematory urg Crematory	Smithsburg, V	Wash. Md. 21783			
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOS mith,	Keeney&B	asford Fu	neral	Home 250 DAT	E REC'D. BY REGISTRAR 166 REGI				

E GRANT RES SUCH Die Berry British auf Steller After the last a state • , . . . Es de Best c. t Establish Territorian in the second continue to the second continue

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STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND A		SIENE 8 /REG	. NO.	4 4	5 9	
		PRINT ELIZABE	TH BO	MIDDLE	Your	19ER		20. DATE OF DEATH	and the same of	22 87	26 HOUS C	
	3. SE)	TEMPLE	CAUC	ASIAN	5. DATE C	F BIRTH	YEAR /	6 AGE (IN YEARS LAS	r BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS	
100	Ma	RTHPLACE (STATE OR FOREIGN OUNTRY) ryland	U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWE	DXX NEVER A	ARRIED	9. BALTIMORE CIT Frederi	OF DEATH	F DEATH		
Frederick 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Frederick Memo								170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY State Emp. None				
	130. S Ma	ryland Fre		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Braddock	/N	13d INSIDE C	NOXIX	13e.STREET ADDRES				
1	1/1	THER'S NAME 1en	Kerr	Bone	d	15. MOTHER'S	MAIDEN NA FIRST L isa	Bur	kett	Bor	nd	
		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	214-10-0		Mr. R		J. Younger	8002 Freder	Ridge Ro	21701	
MEDICAL CERTIFICATION		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, C	Carcleons As yeons course	ENCE OF	nt 1	reall	ulel in fe	10.	1 d.		
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 1TH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 700. AUTOPSY2 YES NO YES 710. ACCIDENT WAS UNDERLYING 710. TIME OF INJURY 710. TIME OF INJURY 710. TIME OF INJURY 710. TIME OF INJURY									OF DEATH?	
		OR CONTRIBUTING CAUSE OF DI (HE ETHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P 21e PLACE (AT HOME, ST	.M. MONTH D. ,M. OF INJURY REET, FACTORY, OFFICE, F	19 FARM ETC)	211 LOCATIO	34		r IOWN	COUNTY	STATE	
		22a. certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19										
		Robert S. Hug				Monte:		Ave. Frede	rick, N	1d. 2170)1	
		urial, CREMATION, REMOVA	236 DATE 5-23-1			en Mem.		23d LOCATION RELITY OF TOWN	ick, Fr	redericl	k, Mď.	

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove corbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

morked or them 18 shows or

MPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the shawild he detached for use as the burial-transit permit. Then please rem

retained by the hospital or

1201 No Market Street Frederick, Md.21701

Resthaven Mem. Gardens Frederick, Frederick, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

